



116 Brown Industrial Pkwy, Canton, GA 30114

Phone: 770-479-3090

Fax: 770-479-3069

www.sequoyahregionallibrary.org

Vendor Application Packet

Thank you for your interest in working with Sequoyah Regional Library System. Before any services can be scheduled or performed, vendors must submit a completed vendor application. In order to be added to our list of approved vendors and receive payment, the following forms must be completed and returned to us (all vendors must submit the Vendor Profile, W-9, and Certificate of Insurance):

Vendor Profile: All fields must be completed.

W-9: Complete and return the first page.

Certificate of Insurance: General liability insurance is required **naming Sequoyah Regional Library System as an additional insured and waiving all rights of subrogation**. Workers' comp coverage is also required if your company has 3 or more employees.

E-Verify Affidavits: (*Only required for contracts over \$2,499.99*)

The Georgia Security and Immigration Compliance Act (OCGA 13-10-91), requires that Sequoyah Regional Library System (SRLS) shall not enter into a contract for the physical performance of services (as that term is defined in OCGA 13-10-90) wherein the labor or services exceed \$2,499.99, unless the contractor signs and submits a notarized E-Verify affidavit that they have registered for and use E-Verify. A contractor with no employees and no intent to hire employees, must still submit to SRLS a notarized affidavit of No Employees along with a copy of their driver's license (and a driver's license is only acceptable IF it is issued by a state that verifies lawful immigration status prior to issuance).

If you have any questions, please contact Julie Wise at 770-479-3090 x 231.

Please return all original forms to:

Sequoyah Regional Library System
Finance Department

116 Brown Industrial Parkway
Canton, GA 30114

email to: wisej@seqlib.org

(Emails require follow up with originals)

Please note: request for payment may be refused if these documents are not on file.

Sequoyah Regional Library System
Finance Department
116 Brown Industrial Parkway
Canton, GA 30114
770-479-3090 x 231
770-479-3069 fax

**Return completed form with W-9,
E-Verify affidavit and Certificate of
Insurance by fax, mail, attention
Accts Payable (Payment request may
be refused if these documents are not
on file)**

Vendor Name: _____
(If individual, enter last name first)

Mailing Address

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Website: _____

Payment/Remit Address (if different from above)

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

Principal line of business: _____

Is this company incorporated? YES NO *(1099 will be issued for unincorporated vendors with payments exceeding amount determined by the IRS)*

Number of Employees _____

Signature and Name of Person(s) authorized to sign Bids and Contracts:

Official Title

Telephone

Standard Payment Terms: _____

Return/refund Policy: _____

I certify that the information I have provided on this form is accurate and current.

Signed _____ **Date** _____

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC
My Commission Expires: _____

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

AFFIDAVIT OF NO EMPLOYEES

The undersigned, in connection with a proposed contract or subcontract with Sequoyah Regional Library System for the physical performance of service in the State of Georgia, hereby affirms and certifies under penalties of perjury that:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my driver’s license, issued by a state that verifies lawful immigration status prior to issuance, is attached hereto.
- (e) If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract then *before* hiring any employee, I will:
 - (i.) Immediately notify Sequoyah Regional Library System in writing; and
 - (ii.) register with, participate in an use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91, and as amended: and
 - (iii.) Provide Sequoyah Regional Library System with all affidavits required by O.C.G.A. § 13-10-90 *et seq.* and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-.07 and 300-10-1-.08.

Print Company Name/Name of Sole Proprietor

_____/_____
By: Signature of Authorized Officer/Agent / Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY
OF _____/20____

Notary Public

My Commission Expires

NOTE: PLEASE INCLUDE COPY OF DRIVER’S LICENSE
