



AFFIDAVIT OF COMPLIANCE WITH EMPLOYMENT ELIGIBILITY REQUIREMENTS

State of Florida

County of _____

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (hereinafter "Network Service Provider" or "Vendor"), hereby affirms and attest under penalty of perjury as follows:

- 1. The Network Service Provider or Vendor does not employ, contract or have an agreement with, or subcontract or subagreement with an unauthorized alien per section 448.095, Florida Statutes.

Signature Of Affiant: _____

Print Name/Title: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

____ Affiant personally known to notary

OR

____ Affiant produced identification
Type of identification produced: _____