J.,	AFFIDAVIT
COU	NTY OF BUNCOMBE
****	*********
l,	(the individual attesting below), being duly authorized by and on behalf of
	(the entity bidding on project hereinafter "Employer") after first being duly
swor	n hereby swears or affirms as follows:
1.	Employer understands that <u>E-Verify</u> is the federal E-Verify program operated by the United States
Depa	artment of Homeland Security and other federal agencies, or any successor or equivalent program used to verify
the v	vork authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2.	Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work
in the	e United States, shall verify the work authorization of the employee through E-Verify in accordance with
NCG	S§64-26(a).
3.	Employer is a person, business entity, or other organization that transacts business in this State and that
empl	loys 25 or more employees in this State. (mark Yes or No)
	a. YES, or
	b. NO
4.	Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project
Empl	loyer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.
This <sub>-</sub>	day of, 20
_	ature of Affiant or Type Name:
Stat	te of North Carolina County of Buncombe
Sigr	ned and sworn to (or affirmed) before me, this the
day	v of, 20
My	ned and sworn to (or affirmed) before me, this the of, 20  Commission Expires:  See

Notary Public



