

SUBCONTRACTOR CERTIFICATION - ENTITY

To be used by an entity (partnership, corporation, limited liability partnership, etc.) doing or intending to do business with the State of Rhode Island.

THIS SECTION TO BE COMPLETED BY THE VENDOR

Vendor Name _____

Vendor ID _____

THIS SECTION TO BE COMPLETED BY THE SUBCONTRACTOR

Subcontractor Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Subcontractor ID: _____

I, _____, the _____ of _____
(full name) (title) (name of entity –“Entity”)

hereby certify that I am a representative of said Entity and am duly authorized to execute this Vendor Certification on behalf of the Entity; that said Entity registered to utilize the E-Verify program on _____, 2010 and that the Entity utilizes the services of the E-Verify program to ensure compliance with federal and state law. On behalf of the Entity I understand and agree that the Entity is required to continue to utilize the services of the E-Verify program for as long as the Entity continues to do business with the State of Rhode Island and failure to continue to utilize the services of the E-Verify program will adversely affect the Entity’s ability to continue to do business with the State of Rhode Island and will affect the Entity’s ability to do business with the State in the future.

_____ Date: _____

(Signature)

(Print name)

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

In _____ in said County on the _____ day of _____, 2010, before me personally appeared

_____, to me known and known by me to be the party executing the above Vendor Certification on behalf of the Entity, and he/she acknowledged said document, by him/her executed to be his/her free act and deed of said Entity.

(Signature)

(Printed name) _____ My commission expires on: _____