Certification of "No Employees" under O.C.G.A. § 13-10-91(b)(5)

By signing this form, the undersigned contractor verifies it has no employees and has no plans to hire employees for the purpose of executing the contract (named below) for Clayton State University. The contractor agrees to provide Clayton State University with a copy of a state issued driver's license or a state issued identification card as proof that he/she is authorized to perform the work related to this contract. Failure to submit this signed statement and/or provide the required license or identification card would prohibit Clayton State University from acquiring any additional or future services with you or your company.

Name of Contractor			-		
Name of Project/Contra	ıct		-		
I hereby declare under p	•	1 0 0	·		
Signature of Authorized	d Office	r or Agen	- t		
Printed Name and Title	of Auth	norized O	fficer or Ager	nt	

Reminder: Copy of Driver's License Required