

Ricoh

1. Do you require a finisher, hole punch, and fax on all machines or just the two color machines?

Section 2.1- Existing Inventory to be replaced

Answer – Finishers are required on the two (2) color machines only.

2. How many paper trays are required for each machine?

Section 2.1- Existing Inventory to be replaced

Answer –

<i>IRAD 400IF</i>	<i>four trays</i>
<i>IRAD 4535i</i>	<i>three trays</i>
<i>IRAD 4551i</i>	<i>three trays</i>
<i>IRAD C5535 & 5550</i>	<i>four trays</i>
<i>ICMF419DW</i>	<i>one tray</i>

3. Do the 6 A4 machines need a cabinet stand, or will they sit on a desk?

Section 2.1- Existing Inventory to be replaced

Answer – They require a cabinet stand

4. Will you provide the E-Verify, Security and Immigration Compliance Act Form, and Contractor Affidavit and Agreement form?

Section 2.1 – Minimum Qualifications of respondent

Answer – They are attached to this response.

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

_____ Business License Account No.

- (A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
- (B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section 1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-7 digits)

Date of Authorization

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

Executed on _____, ____, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

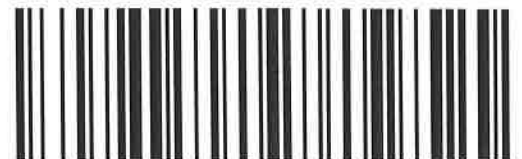
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____

¹To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



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

By executing this affidavit, the undersigned contractor 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 on behalf of the Board of Commissioners of Candler County 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 contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical 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(b). Contractor 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 Contractor

P. I. Number 0010234 – Striping approximately 39.8 Miles of Candler County Roads
Name of Project

Board of Commissioners of Candler County
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: _____