

ALABAMA DEPARTMENT OF REVENUE
Act No. 2011-535
Beason-Hammon Alabama Taxpayer and Citizen Protection Act
Supplemental Form

In connection with the _____ application submitted by _____,
FORM NAME BUSINESS ENTITY
I, _____, as the designated representative for _____,
NAME OF REPRESENTATIVE BUSINESS ENTITY
acknowledge that _____, is aware of its duties and responsibilities pursuant to the
BUSINESS ENTITY
Beason-Hammon Alabama Taxpayer and Citizen Protection Act. _____ shall not
BUSINESS ENTITY
knowingly employ, hire for employment, or continue to employ an unauthorized alien as defined in 8 U.S.C. §1324a(h)(3).

Submitted with this form is documentation established that _____ is enrolled in
BUSINESS ENTITY
the E-Verify program (electronic verification of federal employment authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, P.L. 104-208, Division C, §403(a); 8 U.S.C. §1324(a)) operated by the United States Department of Homeland Security.

_____ shall participate in the E-Verify program and shall verify every
BUSINESS ENTITY
employee that is required to be verified according to the applicable federal rules and regulations. Further, as a condition to any contract entered between _____ and a subcontractor on the designated
BUSINESS ENTITY
project, the subcontractor shall also enroll in the E-Verify program prior to performing any work on the project and shall provide documentation of its enrollment in the program to the appropriate governmental agency.

Signature of Designated Representative

Name _____

Title _____

STATE OF _____ §

_____ COUNTY §

Before me, a Notary Public in and for said County and said State, hereby certify that _____ personally appeared, whose name is signed to this form, and who is known to me, acknowledged before me on this day, that being informed of the contents of the instrument, he, as such representative and with full authority, executed the same voluntarily for and as the act of said business entity.

Given under my hand and official seal on this _____ day of _____, 20_____.

Notary Public

My commission expires on _____.