**Contractor Attachment**

**To be completed by Agency:**

| Agency Name: |  |
| --- | --- |
| Contract Number: |  |
| Contractor Name (as listed on the contract): |  |
| Address: |  |
| City, State, Zip Code: |  |
| Contractor Email: |  |
| Contractor Phone: |  |

**Contractor Instructions: Complete all sections below and return form as specified in the cover letter.**

A.R.S. § 41-4401 requires verification of compliance as a condition of your contract by the contractor and subcontractors with the Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of its employees.

By completing and signing this form, the contractor shall attest that it and all subcontractors performing work under the cited State contract meet all conditions contained herein. Failure to complete and submit this form on or before the request date and/or the falsification of any information provided herein shall be considered a material breach of the contract.

Identify all contractor and subcontractor employees performing work under this contract:

(Please attach additional pages as necessary)

| **EMPLOYEE NAME**  (PLEASE TYPE OR PRINT) | **EMPLOYEE NAME**  (PLEASE TYPE OR PRINT) |
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**Contractor Attestation**

I hereby attest that:

1. The contractor complies with the FINA, all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of those employees performing work under this contract;
2. All subcontractors performing work under this contract comply with the FINA, all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of their employees; and
3. The contractor has identified all contractor and subcontractor employees who perform work under the contract in the table above and verifies compliance with FINA, all other Federal immigration laws and regulations, and A.R.S. § 23-214.

| **Contractor Name:** |  |
| --- | --- |
| **State Contract Number:** |  |
| **Signature of Contractor (Employer) or Authorized Designee:** |  |
| **Printed Name:** |  |
| **Title:** |  |
| **Date: (month/day/year)** |  |
| **Notes:** |  |

| **EMPLOYEE NAME**  (PLEASE TYPE OR PRINT) | **EMPLOYEE NAME**  (PLEASE TYPE OR PRINT) |
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