F23 ATTESTATION

Subject Contract Number:	
Legal Entity Name of the Party Participating in a State Contract:	
Federal Employer Identification No or Social Security Number: (if requested by Owner)	ımber
not knowingly utilize the services of	nereby attest, certify, warrant, and assure that the Party shall of an illegal immigrant in the performance of this Contract and ices of any subcontractor or consultant who will utilize the the performance of this Contract.
SIGNATURE & DATE:	
	NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Party. If said individual is not the chief executive or president, this document shall attach evidence showing the individual's authority to contractually bind the Party.
Type or print Name of Signatory:	
Type or print Title of Signatory:	
END OF ATTECTATION	

END OF ATTESTATION