

NOTICE OF PARTICIPATION IN THE DEPARTMENT PROGRAM FOR PUBLIC CONTRACTS FOR SERVICES

Colorado Division of Labor 633 17th Street, Suite 200 Denver, Colorado 80202-3611 Telephone: (303) 318-8441 Toll-Free: 1-888-390-7936 www.colorado.gov/cdle/labor

Effective May 13, 2008, contractors who enter into or renew a public contract for services with Colorado state agencies or political subdivisions must participate in <u>either</u> the federal E-Verify program, OR the newly created Colorado Department of Labor and Employment Program. The option to enroll in the new Department Program was created by Colorado State Senate Bill 08-193, which amended 8-17.5-101 and 102, C.R.S.

If a contractor wishes to participate in the Colorado Department of Labor and Employment Program in lieu of utilizing the federal E-Verify program, the contractor or contractor's representative <u>must</u> (among other requirements):

- 1) Sign and complete this form in its entirety and submit this form to the Colorado Division of Labor via mail or in-person to the address noted above, AND
- 2) Include this form with the contract to the contracting State agency or political subdivision.

Notice is hereby given of participation in the Colorado Department of Labor and Employment Program established pursuant to 8-17.5-102(5)(c)(I), C.R.S. The undersigned agrees to abide by all applicable provisions of this law, including consent to undergo random audits by the Department pursuant to 8-17.5-102(5)(c)(III), C.R.S.

Contractor Contact Information

CONTRACTOR / BUSINESS NAME			
ADDRESS		CITY, STATE, ZIP	
PHONE	FAX		E-MAIL ADDRESS
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Contracting State Agency or Political Subdivision Contact Information

STATE AGENCY OR POLITICAL SUBDIVISION NAME					
CONTACT NAME AT AGENCY OR SUBDIVISION		TITLE			
ADDRESS		CITY, STATE, ZIP			
PHONE ()	FAX ()		E-MAIL ADDRESS		

Contract Information

CONTRACT NUMBER	APPROXIMATE CONTRACT DOLLAR AMOUNT (\$)
CONTRACT <u>EFFECTIVE</u> DATE	CONTRACT <u>END</u> DATE

Contractor OR Contractor Representative Information (Individual Signing this Notification)

NAME		TITLE	
PHONE	FAX	E-MAIL ADDRESS	
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CONTRACTOR / REPRESENTATIVE SIGNATURE

DATE SIGNED