



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

Colorado Division of Labor
633 17th Street, Suite 200
Denver, Colorado 80202-3660
Telephone: (303) 318-8441
Toll-Free: 1-888-390-7936
www.coworkforce.com/lab

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 either 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 must (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

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

CONTRACTOR / REPRESENTATIVE SIGNATURE

DATE SIGNED

For official use only:
Claim # _____ Assigned to _____

For more information on this law, visit: www.coworkforce.com/lab/pcs