



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ (printed name of private employer) verifies one of the following with respect to my application for the above-mentioned document:

Section 1. Please check only one:

(A) _____ The individual, firm, or corporation employs **eleven (11) or more** employees.

*** If the employer selected 1(A), please **fill out** Section 2 below.

(B) _____ The individual, firm, or corporation employs **ten (10) or fewer** employees.

*** If the employer selected 1(B), please **skip** Section 2 and execute below.

Section 2,

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number (**E-VERIFY #**)

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ___ date of _____, 20___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 20___.

NOTARY PUBLIC

My Commission Expires: _____