

E-VERIFY AFFIDAVIT

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) _____ On January 1st of the below-signed year, the individual, firm, or Business License Account No. corporation employed ten (10) or fewer employees.

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

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer _____

Federal Work Authorization User Identification Number

(Also called E-Verify #, usually 4-7 digits) _____

Date of Authorization -----

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent _____

Printed Name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC My Commission Expires: _____

I certify that the information reported herein is true and correct and that I am familiar with the county ordinance providing for penalties and revocation of my/our license for making false or fraudulent statements on this application.

Applicants Signature and Date _____