

## Private Employer / E-Verify Affidavit

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):

Number of Employees: \_\_\_\_\_ (2part-time = 1full-time)

### Section 1. Please check only one:

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed **more than ten (10) employees.**

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the bellowed signed year, the individual, firm, or corporation employed **less than ten (10) employees.**

**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.

\_\_\_\_\_

E-Verify Number

\_\_\_\_\_

Date of Authorization

(Federal Work Authorization User Identification Number)

\*\* \_\_\_\_\_ - Identification type and number if E-Verify is not applicable. \*\*

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### THIS FORM MUST BE NOTARIZED

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

Executed on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_

Day                      Month                      Year                      City                      State

\_\_\_\_\_

Name of employer

\_\_\_\_\_

Signature of Authorized Officer or Agent

\_\_\_\_\_

Printed name and Title of Authorized Officer or Agent

**NOTARY PUBLIC:**

SUBSCIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

SIGNATURE/ SEAL \_\_\_\_\_

My commission Expires: \_\_\_\_ - \_\_\_\_ - 20 \_\_\_\_