

## 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):

**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**<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below. \*\*\*

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

\*\*\* If you select Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_

\_\_\_\_\_

E- Verify Number  
(Federal Work Authorization User Identification Number)

Date of Authorization

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

***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

X \_\_\_\_\_  
Signature of Authorized Officer or Agent

X  
Printed Name and Title of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

