

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:

1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation
employed one hundred (100) or more employees. *If the employer selected 1(a)
please fill out Section 3 below.*
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation
employed less than one hundred (100) employees.

2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation
employed more than ten (10) employees. *If the employer selected 2(a) please fill
out Section 3 below.*
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation
employed ten (10) or fewer employees.

**3. 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

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 _____, 201___ 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 _____, 201___.

NOTARY PUBLIC

My Commission Expires:
