## **E-VERIFY AFFIDAVIT**



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

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

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

If the employer selected 1 (a) please fill out Section 2, listed below.

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

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 (Company ID / E-Verify Number)

Date Authorized

In making the above representation under oath, I understand that any person who knowingly and willfully makes 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 statue.

Executed on the \_\_\_\_\_\_date of \_\_\_\_\_\_, 20\_\_\_\_\_in \_\_\_\_\_(City) \_\_\_\_\_\_(State)

Signature of Authorized Officer / Agent of Company Printed Name of and Title of Authorized Officer / Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC My Commission Expires: