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. |
|  |  | \*\*\*\*\*If you select Section 1 (A), please fill out Section 2 and then execute below. |
|  |  |  |
| (B) |  | On January 1st 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:

|  |
| --- |
|  |
| Name of Private Employer |
|  |
| Federal Work Authorization User Identification Number Date of Authorization |
|  |

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

Executed on the \_\_\_ date of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_ 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 DATE*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC SEAL Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_