

Private Employer E-Verify Affidavit for  
City of Monroe  
Pursuant to O.C.G.A. § 36-60-6(d)

(For renewals beginning January 1, 2014)

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), 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:

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the year signed below the individual, firm, or corporation employed more than ten  
(10) employees and has registered with and utilizes the federal work authorization program commonly  
known as E-Verify, or any subsequent replacement program, in accordance with the applicable  
provisions and deadlines established in O.C.G.A. § 13-10-90. 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 Number)

\_\_\_\_\_ Date of Authorization

OR

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the year signed below the individual, firm, or corporation employed ten (10) or less  
employees and therefore, is not required to register with and/or utilize the federal work authorization  
program commonly known as E-Verify, or any subsequent replacement program, in accordance with  
the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city),  
\_\_\_\_\_ (state)

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

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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

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

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

(IMPORTANT: Front and back copy of ID used must be enclosed!)