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

(For new applications beginning July 1, 2013)

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 S 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) The individual, firm, or corporation employs more than (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 S 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)\_\_\_\_\_ The individual, firm, or corporation employs 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 S 19-10-90.

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 S 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!)