

# E-VERIFY AFFIDAVIT



Locust Grove, GA

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly know as E-Verify, or any subsequent replacement in O.C.G.A. § 36-60-6(d). Furthermore, the undersigned applicant verifies one of the following with respect to my application for the above mentioned document:

1. (a)\_\_\_\_\_ The individual, firm or corporation employed more than ten (10) employees.
- (b)\_\_\_\_\_ The individual, firm or corporation employed ten (10) or fewer employees.

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

2. **The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

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

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

\_\_\_\_\_  
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: \_\_\_\_\_