



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

**Business Name** \_\_\_\_\_ **Account No:** \_\_\_\_\_

**Private Employer Affidavit of Compliance 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 \_\_\_\_\_ (name of the individual, firm or corporation) employs as follows:

**1. Please select either (A) or (B) below:**

**A.** \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees.**

**B.** \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or less employees.**

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

**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:**

\_\_\_\_\_  
**E-verify number (Federal Work Authorization User Identification Number (6 to 5 Digits))**

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

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 \_\_\_ date 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: \_\_\_\_\_