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

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), from

[*name of county or municipal corporation],* 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:

1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.	
(a) ◯	On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
(b) ◯	On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.	
(a) ◯	On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
(b) ◯	On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
3. 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:	
Federal Work Authorization User Identification Number	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 a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 201____ 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 THE _____ DAY OF _____, 20_____

_____

NOTARY PUBLIC

My Commission Expires:

_____