

Business Name: \_\_\_\_\_

Account Number: \_\_\_\_\_



**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 individual, firm, or corporation) employs as follows:

**1. Select an option below**

- A.** On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.
- B.** On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed fewer than eleven (11) employees.

*If employer selected (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)**

\_\_\_\_\_  
**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 \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

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

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

Subscribed and sworn to before me: \_\_\_\_\_  
(Notary Public)

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ My commission expires: \_\_\_\_\_