

PRIVATE EMPLOYER AFFIDAVIT

THIS FORM MUST BE COMPLETED. IF YOU SELECT (a), LIST YOUR FEDERAL WORK PROGRAM AUTHORIZATION IDENTIFICATION NUMBER AND DATE AUTHORIZED. ALL FORMS MUST BE SIGNED BY AN AUTHORIZED OFFICER OR AGENT OF THE BUSINESS AND NOTARIZED.

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

By executing this affidavit under oath, as an applicant for a Business License as referenced in O.C.G.A. §36-60-6(d), from Greene County, Georgia, the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to the application for the above mentioned document:

Section 1.

CHECK ONLY ONE.

- (a) _____ The individual, firm, or corporation employed **more than ten (10) employees.**
(Enter your Federal Work Authorization User Identification Number and Date of Authorization)

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. The undersigned private employer also attests that its federal work authorization user identification number (NOT YOUR FEDERAL TAX ID NUMBER) and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

- (b) _____ The individual, firm, or corporation employed **ten (10) or fewer employees.**

Section 2.

ALL FORMS MUST BE SIGNED AND NOTARIZED.

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, _____

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: _____