

Private Employer E-Verify Affidavit
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, alcohol license, or other document required to operate a business*] as
referenced in O.C.G.A. § 36-60-6(d), from The City of Oak Park, 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. Fill out this section if the current date is on or before June 30, 2014.

(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. Fill out this section if the current date is after July 1, 2014.

(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 less than ten (10)
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 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 of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 20___.

NOTARY PUBLIC

My Commission Expires:
