

**E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**  
**\*\*This form is required by Georgia State Law\*\***

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 the City of Brookhaven, Georgia 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:

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed  
more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed  
ten (10) or less employees.

*If the employer selected (a) please fill out below section.*

**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 (not your FEI 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

\_\_\_\_\_  
Date

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

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC/SEAL**

\_\_\_\_\_  
**My Commission Expires**