



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

By executing this affidavit under oath, as an applicant for an \_\_\_\_\_ as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as \_\_\_\_\_ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

### Section 1:

Choose **ONE** of the following:

- a. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees. Complete Section 2 and 3 below.
- b. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees. Complete Section 3 below.

### Section 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:

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(This number is between 4-6 digits and does not include letters)

\_\_\_\_\_  
Date of Authorization

### Section 3:

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 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

SCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_