

E-VERIFY AFFIDAVIT

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

By executing this affidavit under oath, as an applicant for a(n) Coweta County Business License as referenced in O.C.G.A. § 36-60-6(d), from Coweta County, the undersigned applicant representing the private employer known as (***PRINT BUSINESS NAME***) _____

verifies by selecting one of the following with respect to my application for the above mentioned document:

(COMPLIANCE)

1. (a) _____ On January 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees. (***If the employer selected 1(a) please fill out Section below, date and sign***)

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, which consists of four to six numerical characters

Date of Authorization

(EXEMPT)

2. (b) _____ On January 1st of the below signed year the individual, firm or corporation employed ten(10)-zero(0) employees. (***If the employer selected 2(b) please date and sign***)

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

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: