

E-VERIFY AFFIDAVIT

CITY OF REYNOLDS

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) _____
(business license, occupational tax certificate, or other required to operate a business) as
referenced in O.C.G.A. 36-60-6(d), from the City of Reynolds, 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. (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, please fill out Section 2 below.

(b) _____ On January 1st of the below signed year the individual, firm or
corporation employed ten (10) or fewer employees.
2. **The employer has registered with and utilizes the federal work authorization program
in accordance with 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
(Company ID/E-Verify 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: _____