

**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) occupational tax certificate  
[*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 City of Metter  
[*name of county or municipal corporation*], 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:

*\* If the employer selects 1(a), more than 10 employees, please fill out E-verify information in  
Section 2 . If 1(b) is selected, skip Section 2, date, sign, print and notarize below.*

**1. Select either (a) or (b) in 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.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> 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 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:**

\_\_\_\_\_ Date of Authorization  
Federal Work Authorization User ID Number (E-verify #)

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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:**  
\_\_\_\_\_