



## E-VERIFY FORM

FRANKLIN COUNTY BOARD OF COMMISSIONERS  
141 Athens Street • P.O. Box 159 • Carnesville, Georgia 30521  
Phone: 706-384-2483 • Fax: 706-384-7089

INTERNAL USE ONLY:  
Occupational Tax Customer  
ID: \_\_\_\_\_

### E-VERIFY

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

#### **Section 1.**

**Please check one:**

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

**\*\*\*If you select Section 1(A), please fill out Section 2, sign and execute below.**

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

**\*\*\*If you select Section 1(B), please skip Section 2, sign and execute 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Authorization User Identification Number: *(Note: this number has at least 4 and no more than 6 digits.)*

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

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_

in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

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

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

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