Dawson County, Georgia Board of Commissioners

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

__________________________________________________________
Federal Work Authorization User Identification Number

__________________________________________________________
Date of Authorization

__________________________________________________________
Name of Private Employer

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

__________________________________________________________
Signature of Authorized Officer or Agent

__________________________________________________________
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn to me in the City of ____________________________, _________(state) on this
the _____________ day of ________________________, 20__.

__________________________________________________________
NOTARY PUBLIC
My Commission Expires: ____________________________
Dawson County, Georgia Board of Commissioners

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable revisions and deadlines established in O.C.G.A. § 13-10-90.

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

______________________________________________________________
Printed Name of Exempt Private Employer

______________________________________________________________
Signature of Authorized Officer or Agent

______________________________________________________________
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn to me in the City of ____________________________, ___________ (state) on this the _______________ day of _____________________, 20__.

______________________________________________________________
NOTARY PUBLIC

My Commission Expires: ____________________________