

**E-VERIFY EXEMPTION AFFIDAVIT**  
**PRIVATE EMPLOYER EXEMPTION AFFIDAVIT**  
**PURSUANT TO O.C.G.A. § 36-60-6(D)**

By executing this affidavit under oath, as an applicant for a City of Port Wentworth, Georgia Occupational Tax Certificate (Business License), Alcohol License, Taxi Permit or other document required to operate a business referenced in O.C.G.A. § 36-60-6(d), the undersigned applicant representing the private entity known as

\_\_\_\_\_  
Name of Private Employer (Business)

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

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

**COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED (A) ABOVE**

The employer 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. § 36-60-6(a) and O.C.G.A. § 13-10-90. 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 (*E-Verify*)

\_\_\_\_\_  
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 as allowed by such criminal statute.

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

Executed on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

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

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

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. (NOTARY SEAL)

**NOTARY PUBLIC**

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

\*Note: The term "employee" refers to an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099, provided that such person is also employed to work not less than 35 hours per week.  
O.C.G.A. § 36-60-6(d); O.C.G.A. § 48-13-5