

COMPLETE IF YOU HAVE 10 OR LESS EMPLOYEES

Business Name _____ **License #/Occupation Tax #** _____

NUMBER OF EMPLOYEES (COMPANY-WIDE): _____ **(Required for 10 OR LESS EMPLOYEES)**

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 ten (10) or fewer employees and 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 provisions and deadlines established in O.C.G.A. § 36-60-6.

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

Executed on _____, ____, 20____, in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

**Signature of Exempt Private Employer or
Authorized Officer or Agent**

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____