

**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**

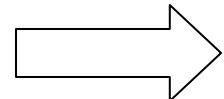
\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

Subscribed and Sworn to me in the City of \_\_\_\_\_, \_\_\_\_\_ (state) on this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

See reverse side for Private Employer Exemption Affidavit



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