

FORM C



E-Verify and Private Employers

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

By executing this affidavit under oath, as an applicant for a(n) _____
 [business license, occupational tax certificate, alcohol license or other document required to
 operate a business] as referenced in O.C.G.A. § 36-60-6(d), from The City of Lawrenceville
 the undersigned applicant representing the private employer known as _____ [printed name of
 private employer] verifies one of the following with respect to my application for the above
 mentioned document:

1. Choose ONE of the following:

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected (a) please fill out Section 2 below.*
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

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(a). 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

 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 allowed by such statute.

Executed on the ___ date of _____, 20___ in _____ (city), _____ (state)

 Signature of Authorized Officer or Agent

 Printed Name of and Title of Authorized Officer or Agent

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

 NOTARY PUBLIC

My Commission Expires: