

**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) Occupational Tax Certificate [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. §36-60-6(d), from City of Cordele [*name of county or municipal corporation*], 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. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**

- (a) \_\_\_\_\_ On January 1st of the below signed year, the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a), please fill out Section 3 below.*
- (b) \_\_\_\_\_ On January 1st of the below signed year, the individual, firm, or corporation employed less than one hundred (100) employees.

**2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**

- (a) \_\_\_\_\_ On January 1st of the below signed year, the individual, firm or corporation employed more than ten (10) employees. *If the employer selected 2(a), please fill out Section 3 below.*
- (b) \_\_\_\_\_ On January 1st of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

**3. 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 \_\_\_\_\_, 201\_\_ in Cordele (city), GA (state)

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

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

**SUBSCRIBED AND SWORN BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_**

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

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