

**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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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

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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 of and Title of Authorized Officer or Agent

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

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

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