



123 West Washington Street
Post Office Box 269
Monticello, GA 31064
Phone- 706-468-6062 FAX- 706-468-1041

E-Verify Affidavit
(For Businesses that have more than 10 employees)

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:

E-Verify Number (must be a number between 4 and 6 digits): _____

Date of Authorization: _____

Name of Business: _____

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

Executed on the _____ day of _____, 20 _____ in
_____ (city), _____ (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 _____, 20 _____

Notary Public Signature Affix Notary Stamp/Seal here

My Commission Expires: _____