

Affidavit Verifying Lawful Presence within the United States

I, (print name*) _____, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen.
- or
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

- Alcoholic Beverage License for _____
Print Business Name
- Occupational Tax Certificate (*i.e. Business License*) for _____
Print Business Name
- Massage/Spa Permit for _____
Print Business Name
- Boot Permit/Vehicle Immobilization Service for _____
Print Business Name
- Door-to-Door Salesman/Solicitors Permit for _____
Print Business Name
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: <http://law.ga.gov/immigration-reports>.

***Documents must include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

***Documents must include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

Applicant Signature*

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This _____ day of _____, 20 _____

My commission expires: _____



Business Name: _____ Account No: _____

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(d), stating affirmatively that _____ (name of the individual, firm, or corporation) employs as follows:

Section 1. Please select either (A) or (B) below:

- A. ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. (Note: Enter your E-verify # and complete the section below if more than ten (10) employees).
- B. ___ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or less employees. (If ten employees or less, enter n/a below).

Note: If item "A" is marked above, please complete Section 2 below. (If not, enter "n/a" in Section 2).

Section 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:

E-verify number (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 ___ 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

My Commission Expires

For more information on E-Verify visit: www.e-verify.gov