

SAVE PUBLIC BENEFITS AFFIDAVIT
O.C.G.A. 50-36-1 (e)(2)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for Occupational Tax/ Business License as referenced in O.C.G.A. 50-36-1, from the City of Blue Ridge, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an Alien number issued by the Department of Homeland Security or other federal immigration agency. **

** My alien number issued by the Dept. of Homeland Security
Or other federal immigration agency is: _____

The undersigned applicant has also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by Georgia Law O.C.G.A 50-36-1(e)(1).

REQUIRES VERIFICATION AT SUBMISSION--Which type of secure and verifiable document was provided? :

_____ U.S. Driver's License _____ U.S. Passport U.S. Military ID Other ID _____

===== MUST BE COMPLETED WITH A NOTARY =====

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A 16-101-20, and face criminal penalties as allowed by such criminal statute.

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of Business, corporation, partnership, etc.)

Signature of Applicant Print Name Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20_____

Executed in _____ (city), _____ (State)

NOTARY PUBLIC (Signature) My Commission Expires

(Seal)

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D. C.



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, 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:

Federal Work Authorization User Identification Number (E-Verify Number)

Date E-Verify Number was issued

Name of Private Employer (Business)

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

Executed on _____, 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
____ DAY OF _____, 20__.

NOTARY PUBLIC My Commission Expires: _____

**PLEASE COMPLETE THIS FORM IF YOU EMPLOY
MORE THAN 10 EMPLOYEES**



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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize 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. § 36-60-6.

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

Executed on _____, 20__ in _____ (City), _____ (State).

Printed Name of Exempt Private Employer (Business name)

Signature of Exempt Private Employer or
Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:

*This affidavit is for submissions made on or after July 1, 2013.

**PLEASE COMPLETE THIS FORM IF YOU EMPLOY
TEN (10) OR LESS EMPLOYEES**