



Chatham County ~ Department of Building Safety & Regulatory Services  
 Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161  
 Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406  
 Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

**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 (10)** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any approved 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:

**Please check only one:**

1. \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees. **(EXEMPT)**
2. \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed \_\_\_\_\_ more than ten (10) employees.

\_\_\_\_\_  
 Name of Private Employer (*Business Name as Advertise*)

\_\_\_\_\_  
 Date of Authorization

\_\_\_\_\_ (\*E-Verify Number)  
 Federal Work Authorization User Identification Number  
 \*This is NOT your Federal Tax Identification Number

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
 Signature of Authorized Officer/Agent

\_\_\_\_\_  
 Printed Name of Authorized Officer/Agent

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
 Notary Public Signature

My Commission expires: