## Form A: MORE THAN 10 EMPLOYEES

	rify, or any subsequent replacement program, in accordance with the applicable 0-90. Furthermore, the undersigned private employer hereby attests that its and date of authorization are as follows:
<del>-</del>	
federal work authorization user identification number an	nd date of authorization are as follows:
,	
Federal Work Authorization User Identification Number	r
Date of Authorization	_
A CONTRACTOR OF THE CONTRACTOR	
Name of Private Employer	
I hereby declare under penalty of perjury that the forego	oing is true and correct.
Executed on,, 202, in _	(city)(state)
y - 1	w see
*	
Signature of Authorized Officer or Agent	
•	
Printed name and Title of Authorized Officer or Agent	
	Sworn to and subscribed before me this day of
	, 20

Notary Public

By executing this affidavit, the undersigned private employer verifies that it is in compliance with O.C.G.A §36-60-6, stating