O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) What type of license are you applying for? [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from Georgia Department of Agriculture [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit.

Only one item should be selected

(**Please select only one of the options below. Please note that failure to properly complete this selection could result in your application being delayed or denied**):

1) _____ I am a United States citizen.

Requires Verification through SAVE

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

Requires Verification through SAVE

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 Department of Homeland Security or other federal immigration agency is: Alien number issued by Homeland Security OR Federal Immigration agencies.

The undersigned applicant 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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The submitted ID should correspond with what is listed on the line below

(Please ensure that the secure and verifiable document you have listed below corresponds to the actual document you submit with this affidavit and has not expired, failure to do so could result in your application being delayed or denied).

The secure and verifiable document provided with this affidavit can best be classified as:

What type of ID was provided

_____.

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 as allowed by such criminal statute.

Executed in _____(city), _____(state).

_____

Signature of Applicant

_____

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____DAY OF_____, 20_____

Notary Stamp and Seal is REQUIRED

_____

NOTARY PUBLIC
My Commission Expires: