AFFIDAVIT OF COMPLIANCE
WITH THE REQUIREMENTS OF
THE PUTNAM COUNTY CODE

STATE OF NEW YORK)
:SS:
COUNTY OF PUTNAM)

I, _____, being duly sworn upon his/her oath deposes and says:
(*print name of deponent*)

1. I am the owner/authorized representative of_____
(*circle one)* *(name of corp, business)*

Check one of the following:

☐ 2(a) I certify that I will (a) use the E-Verify Internet based system, operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA), to verify the employment eligibility of their newly hired employees, and (b) maintain records documenting the use of E-Verify during the term of our registration certificate.

☐ 2(b) I certify that the corporation, business or company named above has no employees and I reasonably anticipate that no employees will be hired during the term of the registration certificate applied for herewith pursuant to Chapter 135 of the Putnam County Code.

_____
(*signature of deponent)*

Subscribed and sworn to before me

This_____day of_____, 20_____

_____
Notary Public, State of New York

www.uscis.gov/e-verify