

Your Resource

for Georgia's Vehicle Emissions Inspection & Maintenance (I/M) Program

Current Employment Verification

This document is to verify the employee icoutside the Georgia vehicle emissions testi motorist as a supporting document to appl Georgia law, O.C.G.A. § 12-9 45(a) for vehicle returns to the metro Atlanta area.	ng area (13 counties in metro y for an Out-of-Area Extensi	Atlanta). This verification wo on from emissions testing, wh	ill be used by the nich is required by
This statement is to certify on this	(day) of	(month), 20	(year), the
employee identified below is currently emp	ployed and working at the bu	siness listed below.	
Employee Identification			
Name	Employ	ee ID/Social Security Number	(last four (4) digits only)
		J	
Status Currently Employed	Full-time Par	rt-time	
Location of Out-of-Area Assignment			
Term of Out-of-Area Assignment From (date)	To (date	·)	
Place of Employment Name of Employer			
Address			
City	State Zip Code	Zip Code	Plus

Human Resources Or Personnel Department Name Title Signature Telephone Number (include area code) Email Address All spaces above must be completed or this application will not be accepted. Vehicle Identification Information (to be completed by applicant) VIN or Tag/License Plate Number

Additional information may be required. Any alterations will automatically void this form. Additional copies of this form may be obtained at www.CleanAirForce.com. Allow three (3) business days for processing. For assistance, call 1.800.449.2471.