



USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

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Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")										
Employee Info from Section 1	me (Family Name)		First Name	(Given Na	ime) N	M.I. Citize	nship/Immigration Status			
List A Identity and Employment Authorization	OR	List Iden		Δ	AND	Empl	List C oyment Authorization			
Document Title	Document	t Title			Documer	nt Title				
Issuing Authority	Issuing Au	Issuing Authority			Issuing A	Issuing Authority				
Document Number	Document	Document Number			Documer	Document Number				
Expiration Date (if any) (mm/dd/yyyy)	Expiration	Expiration Date (if any) (mm/dd/yyyy)			Expiratio	Expiration Date (if any) (mm/dd/yyyy)				
Document Title										
Issuing Authority	Addition	dditional Information					QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number										
Expiration Date (if any) (mm/dd/yyyy)										
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any) (mm/dd/yyyy)										
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge employee is authorized to work in the United States.										
The employee's first day of employment (mm/dd/yyyy) : (See instructions for exemptions)										
Signature of Employer or Authorized Repre	sentative	e Today's Date (mm/dd/yyyy) Title			le of Employe	of Employer or Authorized Representative				
Last Name of Employer or Authorized Represen	tative First Name	of Employer or	Authorized Re	epresentative	Employe	r's Business	s or Organization Name			
Employer's Business or Organization Addre	ss (Street Number	and Name)	City or Tow	/n	,	State	ZIP Code			
Section 3. Reverification and Reh	ires (To be co	mpleted and	signed by	employer		•				
A. New Name (if applicable)	E:		NA: al	alla laitial		Rehire (if ap	oplicable)			
Last Name (Family Name)	First Name (Giver	n Name)	Mid	dle Initial	Date (mm/	(dd/yyyy)				
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.										
Document Title	Docume	Document Number			Expiration Date (if any) (mm/dd/yyyy)					
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.										
Signature of Employer or Authorized Repre	sentative Today	oday's Date (mm/dd/yyyy) Name of			of Employer or Authorized Representative					

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LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A		LIST B	LIST C			
	Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity OR AN			Documents that Establish Employment Authorization ND		
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form)	Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms		
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	4	S. School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	DS-1350, FS-545, FS-240)		
	 b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 	7.	Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		Native American tribal document U.S. Citizen ID Card (Form I-197)		
			Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
		F	For persons under age 18 who are unable to present a document listed above:		Employment authorization document issued by the Department of Homeland Security		
6.	of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating		O. School record or report card Clinic, doctor, or hospital record Day-care or nursery school record				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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