

FABCO

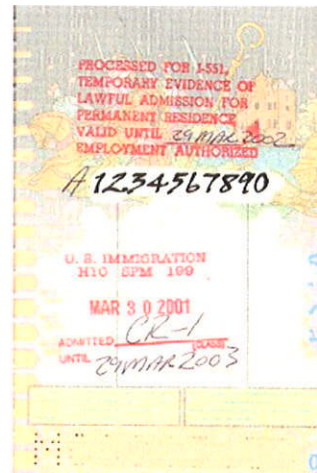
How to Verify
an Applicant's
Identity

Resident Alien Card (I-551)

These cards are no longer issued, but are valid indefinitely, or until their expiration date. Recipients of this card are lawful permanent residents. This card is commonly referred to as a “green card” and is the replacement for the Form I-151.



Unexpired Foreign Passport with I-551 Stamp



Employment Authorization Card I-766

Issued by USCIS to aliens granted temporary employment authorization in the United States. The expiration date is noted on the face of the card



Temporary Resident Card I-688

Issued by USCIS to aliens granted temporary resident status under the Legalization or Special Agricultural Worker program. It is valid until the expiration date stated on the face of the card or on the sticker(s) placed on the back of the card.



Employment Authorization Card I-688A

Issued by USCIS to applicants for temporary resident status after their interview for Legalization or Special Agricultural Worker status. It is valid until the expiration date stated on the face of the card or on the sticker(s) placed on the back of the card.



Employment Authorization Card I-688B

Issued by USCIS to aliens granted temporary employment authorization in the United States. The card has gold, interlocking lines across the front. The expiration date is noted on the face of the card.



I-94/I-94A Arrival/Departure Record

Arrival-departure record issued by DHS to nonimmigrant aliens and other alien categories. This document indicates the bearer's immigration status, the date that the status was granted, and when the status expires.

Departure Number: 813106636 11
 Department of Homeland Security
 CBP I-94A (11/04) Departure Record
 CA606
 09/17/2007
 Family Name: SAMPLE
 First Given Name: AHMET
 Country of Citizenship: PAKISTAN
 20041122 US-VISIT 20041122 MULTIPLE
 See Other Side STAPLE HERE

Departure Number: 626633123 12
 OMB No. 1651-0111
 I-94 Departure Record
 JUN 25 2006
 L-1
 April 23, 2005
 Family Name: SAMPLE
 First Given Name: JANE
 Birth Date (Day-Mo-Yr): 23, 03, 68
 Country of Citizenship: NEW ZEALAND
 See Other Side STAPLE HERE
 CBP Form I-94 (11/04)

List B
Documents that Establish Identity Only

The following illustrations in this Handbook do not necessarily reflect the actual size of the documents.

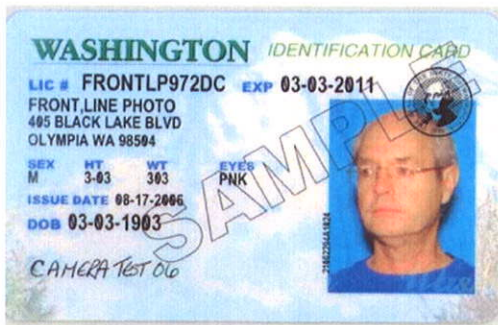
Sample Driver's License

A driver's license issued by any state or territory of the United States (including the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa) or by a Canadian government authority is acceptable if it contains a photograph or other identifying information such as name, date of birth, sex, height, color of eyes, and address.



Sample State Identification Card

An identification card issued by any state (including the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands) or by a local government is acceptable if it contains a photograph or other identifying information such as name, date of birth, sex, height, color of eyes, and address.



List C
Documents That Establish Employment Eligibility Only

The following illustrations in this Handbook do not necessarily reflect the actual size of the documents.

U.S. Social Security card

Issued by the Social Security Administration, other than a card stating it is not valid for employment. There are many versions of this card.



Certifications of Birth Issued by the Department of State

FS-545

Issued by U.S. embassies and consulates overseas to U.S. citizens born abroad.



DS-1350

Issued by the U.S. Department of State to U.S. citizens born abroad



Sample Birth Certificates

CERTIFICATION OF VITAL RECORDS
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
COPY OF CERTIFICATE OF BIRTH
State of Rhode Island

VOID

Sample

Name of child John Doe		Date of birth Feb. 5, 2002	State or state for which received RI
Sex Male		City or town Providence	Where issued Rhode Island
Place where mother or mother-in-law resided The Memorial Hospital		City or town Providence	Where issued Rhode Island
Name of father John R. Doe		Age at birth 37	State or state for which received RI
Name of mother Providence		Age at birth 17	State or state for which received RI
Where born Newport, RI		Age at birth 17	State or state for which received RI
Date of issue Feb. 5, 2002			

STATE OFFICE, PROVIDENCE FEB 11 2002

I hereby certify that this is a true and correct copy of the document originally registered and issued to me in the sealing office.

THIS COPY WILL BE VOID ON PAPER OTHER THAN THAT INDICATED. VOIDER LIABLE FOR FINE AND IMPRISONMENT OR OTHER PENALTY.

COPY OF CERTIFICATE OF BIRTH
State of Rhode Island

Sample

THIS COPY MAY BE REVOKED. THIS OFFICE HAS A COPY OF THE INFORMATION ON FILE IN THIS OFFICE.

STATE OFFICE, PROVIDENCE

THIS COPY MAY BE REVOKED. THIS OFFICE HAS A COPY OF THE INFORMATION ON FILE IN THIS OFFICE.

STATE OF MINNESOTA
COUNTY OF _____
CERTIFICATE OF BIRTH RECORD
(City or Township)

Sample

STATE OF MINNESOTA

THIS COPY MAY BE REVOKED. THIS OFFICE HAS A COPY OF THE INFORMATION ON FILE IN THIS OFFICE.

U.S. Citizen Identification Card I-197

Issued by INS to naturalized U.S. citizens. Although this card has not been issued since 1983, it is valid indefinitely.

PHOTOGRAPH

SAMPLE

Form I-197 (Rev. 8-1-61)
UNITED STATES
DEPARTMENT OF JUSTICE
IMMIGRATION AND
NATURALIZATION SERVICE
U.S. CITIZEN
IDENTIFICATION CARD
No. 121415

THIS CARD MAY BE REVOKED AT ANY TIME. IT IS ISSUED FOR THE SOLE PURPOSE OF IDENTIFYING THE HOLDER TO A U.S. IMMIGRATION OFFICER AT A PORT OF ENTRY.

SIGNATURE OF HOLDER

Identification Card for Use of Resident Citizen in the United States I-179

Issued by INS to U.S. citizens who are residents of the United States. Although this card is no longer issued, it is valid indefinitely.

PHOTOGRAPH

SAMPLE

IDENTIFICATION CARD
FOR THE USE OF
RESIDENT CITIZEN IN
THE UNITED STATES
ISSUED BY THE IMMIGRATION
AND NATURALIZATION SERVICE
UNITED STATES
DEPARTMENT OF JUSTICE
No. 231018



Form I-179
(Rev. 1-1-73) N

(Signature of holder)

I-20 ID Card Accompanied by a Form I-94

Form I-94 for F-1 nonimmigrant students must be accompanied by an I-20 Student ID endorsed with employment authorization by the Designated School Official for off-campus employment or curricular practical training. USCIS will issue Form I-766 (Employment Authorization Document) to all students (F-1 and M-1) authorized for a post-completion practical training period. (See page 37 for Form I-94/I-94A)

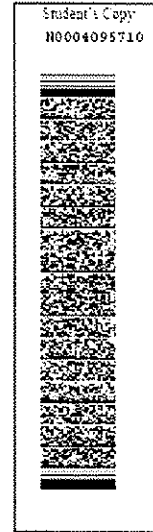
Front

<p>U.S. Department of Justice Immigration and Naturalization Service</p> <p>Please read Instructions on Page 2 This page must be completed and signed in the U.S. by a designated school official.</p> <p>1. Family Name (surname): Jones</p> <p>First (given) Name: Mike Middle Name:</p> <p>Country of birth: ALBANIA Date of birth (no day/year): 01/01/1990</p> <p>Country of citizenship: ALBANIA Admission number:</p> <p>2. School (School district) name: Test School Update 1-7-2005 Al Lewis</p> <p>School Official to be notified of student's arrival in U.S. (Name and Title): AMY BULLOCK DSO</p> <p>School address (include zip code): 8888 Any Street Updated Address: Any City, MD 20748-1212</p> <p>School code (including 3-digit suffix, if any) and approval date: MA2214P9999002 approved on 11/20/2002</p>	<p align="center">For Immigration Official User</p> <p align="right">SEVIS Student's Copy N0004095710</p>  <p>3. This certificate is issued to the student named above for: Continued attendance at this school.</p> <p>4. Level of education the student is pursuing or will pursue in the United States: BACHELOR'S</p> <p>5. The student named above has been accepted for a full course of study at the school named above showing the following as the student's support, estimated for an academic term of 12 months (Use the same number of months given in item 7):</p> <table border="0" style="width:100%;"> <tr> <td>a. Student's personal funds</td> <td>\$</td> <td align="right">10.00</td> </tr> <tr> <td>b. Funds from this school</td> <td>\$</td> <td align="right">0.00</td> </tr> <tr> <td colspan="3">Specify type:</td> </tr> <tr> <td>c. Funds from another source</td> <td>\$</td> <td align="right">0.00</td> </tr> <tr> <td colspan="3">Specify type:</td> </tr> <tr> <td>d. On-campus employment</td> <td>\$</td> <td align="right">0.00</td> </tr> <tr> <td>Total</td> <td>\$</td> <td align="right">10.00</td> </tr> </table> <p>9. Remarks:</p>	a. Student's personal funds	\$	10.00	b. Funds from this school	\$	0.00	Specify type:			c. Funds from another source	\$	0.00	Specify type:			d. On-campus employment	\$	0.00	Total	\$	10.00	<p>Departure Number: 626633123 12</p> <p align="center">I-94 Departure Record</p>  <p>Family Name: SAMPLE</p> <p>First (Given) Name: JANE Birth Date (Day-Mo-Yr): 23, 03, 68</p> <p>Country of Citizenship: NEW ZEALAND</p> <p align="right">See Other Side STAPLE HERE</p> <p align="right">CHP Form I-94 (10/94)</p>
a. Student's personal funds	\$	10.00																					
b. Funds from this school	\$	0.00																					
Specify type:																							
c. Funds from another source	\$	0.00																					
Specify type:																							
d. On-campus employment	\$	0.00																					
Total	\$	10.00																					
<p>10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were reviewed at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(5). I am a designated official of the above named school and am authorized to issue this form.</p> <p>AMY BULLOCK DSO 06/19/2007 Any City, MD</p> <p>Name of School Official Signature of Designated School Official Title Date Issued Place Issued (city and state)</p>																							
<p>11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extensions of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.</p> <p>Name of Student Signature of Student Date</p> <p>Name of parent or guardian Signature of parent or guardian Address (city) (State or Province) (Country) (Date) If student under 18</p>																							
Form I-20 A-B (Rev. 04-27-05) N		For Official Use Only Microfilm Index Number																					

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILY NAME: Jones FIRST NAME: Niko

SEVIS



Student Employment Authorization:
Employment Start: _____ Type _____
Duration of Employment - From (Date): _____ To (Date): _____
Employer Name: _____
Employer Location: _____

Comments:

Event History
Event Name: Registration Event Date: 03/13/2007

Current Authorizations: Start Date: _____ End Date: _____

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:

Name of School Official	Signature of Designated School Official	DSO Title	Date Issued	Place Issued (city and state)
AMY BULLOCK			06/19/2007	Any City, MD
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

REMEMBER:

- a. Hiring employees without complying with the employment eligibility verification requirements is a violation of the employer sanctions laws.
- b. This law requires employees hired after November 6, 1986, to present documentation that establishes identity and employment eligibility, and employers to record this information on Form I-9.
- c. Employers may not discriminate against employees on the basis of national origin or citizenship status.

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-9, Employment
Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A lawful permanent resident (Alien #) A _____

An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if 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 Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. 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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. 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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)