



Form I-9 Employment Verification Representative Authorization

U.S. Citizenship and Immigration Services (USCIS) requires that employers complete and retain an original Form I-9 for all employees. If the employer is unable to meet with the new employee in person to complete the Form I-9, the employer may designate an "Authorized Representative" to do so on their behalf. Often employers will direct the employee to seek out a notary to complete an original Form I-9. However, it is a common misconception that the I-9 requires a Notary.

IMPORTANT NOTE: The I-9 does not require notarization and Notaries cannot sign as a Notary Public, affix their seal or stamp under any circumstances. A notary cannot affix his or her seal or stamp on the Authorized Representative form since a Notary cannot notarize their own signature.

For the Employer: Fill out the Authorized Representative Form and pay the appropriate fee.

For the Employee: Fill out section 1 of Form I-9 and present original valid identification documents to the Authorized Representative.

Authorized Representative: Review Section 1 for completeness and perform all Employer responsibilities in Section 2 and/or Section 3. Physically examine and copy each document the employee presents. Complete Section 2 and/or Section 3.

Employee Information

Employee Name (Last, First MI): _____	Employee ID#: _____
E-mail Address: _____	Phone Number: _____

Remote Hire Representative Authorization

Authorized Representative:	<small>*To be completed at time of service</small> BFS Representative Name: _____ <hr/> Date: _____
Bellevue Fingerprinting Service 11671 SE 1 st St, Suite 202 Bellevue, WA 98005	

Employer Information

Employer Name: _____	
Employer Address: _____	Phone Number: _____

New Hire First Day of Employment: _____

The above listed Employer authorizes Bellevue Fingerprinting Service and their representatives to act as our agent for the purpose of completing the Employment Eligibility Verification, Form I-9, accurately recording required information thereon, and executing Employer responsibilities to complete Form I-9. The Authorized Representative will examine and make a copy of original documentation on behalf of the Employer.

Authorized By: _____	Date: _____
Signature of Employer Representative: _____	