

Notary Certification of Employee Verification Documents

"State of _____, County (or City) of _____, I, (notary's name):

_____, a Notary Public in and for said state, do certify

that on (date): _____, I carefully compared with the original the attached facsimile of

document/s for: (employee candidate name): _____

and the facsimile I now hold in my possession. They are complete, full, true, and exact facsimiles of the document they purport to reproduce.

From Form I-9 List A (Only 1 document required)

1.) Type: _____ Issuing Authority: _____

Document #: _____ Exp. date: _____

OR,

From Form I-9 List B

1.) Type: _____ Issuing Authority: _____

Document #: _____ Exp. date: _____

AND,

From Form I-9 List C

2.) Type: _____ Issuing Authority: _____

Document #: _____ Exp. date: _____

Official Signature of Notary

Commission Expiration Date

Official Seal