



## I-9 Verification Application

### Client Application for E-Verify Designated Agent

Company Name: \_\_\_\_\_

**Is your company controlled or owned by another Corporate or Patent Company and/or Affiliated Company associated with another company as a subordinate or subsidiary?**

No  Yes If yes, please list the company below.

Corporate / Parent / Affiliated Company: \_\_\_\_\_

#### Facility Address of Client Company Above

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County / Parish: \_\_\_\_\_

**Alternate Address** (Complete if mail is not delivered to your above Facility Address)

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County / Parish: \_\_\_\_\_

**Client Company Contacts** (Two contacts must be designated. All fields must be completed.)

#### Designated Contact #1

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Alternate Contact #2

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

*(9-digit Federal Tax ID Number)*

**Number of Employees:** \_\_\_\_\_

**Your Company Industry Classification NAICS #:** \_\_\_\_\_

*Find your North American Industry Classification System (NAICS) Code at:*

<http://www.naics.com/search.htm>. Only your 3-digit industry code is required by E-Verify.



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## Additional Company Information

**Is your company verifying for multiple sites in the state where the Facility Address is located?**

- No, we are a Single Site Verification
- Yes, we are a Multiple Sites Verification  
Number of Hiring Sites for Facility Address State: \_\_\_\_\_

**Is your company verifying for locations in other States?**       Yes       No

If you answered yes, please list the additional States and the number of hiring sites per states.

State	Number of Sites

State	Number of Sites

**What category best describes your company?**

- Federal Contractor with FAR E-Verify Clause
- Federal Contractor without FAR E-Verify Clause
- Local Government
- Federal Government
- State Government
- None of these categories apply

**If you checked Federal Contractor, please identify a category from the list below:**

- Institution of Higher Education
- Federally Recognized Indian Tribe
- State or Local Government
- None of these categories apply
- Sureties

**If you checked Federal Contractor, on which employees will E-Verify be used?**

- All new hires and all existing employees assigned to a Federal contract
- Entire workforce (including new hires and all existing employees)

**All information requested on this form is required to register you with E-Verify.**  
 Please return the completed form to Verified Credentials via fax at 952.985.7202, email to [solutions@verifiedcredentials.com](mailto:solutions@verifiedcredentials.com), or mail to 20890 Kenbridge Court, Lakeville, MN 55044. A Memorandum of Understanding (MOU) form will then be generated and sent to your company.