

## **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

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

## 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.")

of Acceptable Documents.")											
Employee Info from Section 1	Last Nan	ne <i>(Family</i>	(Name)		First Na	ame (Given	Name	e) N	I.I. Citizer	nship/Immigration Status	
List A Identity and Employment Auth	horization	OR		List Ident			AN	ID	Empl	List C oyment Authorization	
Document Title	Do	Document Title					Document Title				
Issuing Authority			Issuing Authority					Issuing Authority			
Document Number			Document Number					Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Ex	Expiration Date (if any) (mm/dd/yyyy)					Expiration Date (if any) (mm/dd/yyyy)			
Document Title											
Issuing Authority			Additional	Information	n					Code - Sections 2 & 3 ot Write In This Space	
Document Number											
Expiration Date (if any) (mm/dd/yy)	yy)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yy)	yy)										
Certification: I attest, under pe (2) the above-listed document(semployee is authorized to work	s) appeai	to be ge	enuine an								
The employee's first day of e	mploym	ent (mm	n/dd/yyyy	):		(S	ee ins	struction	s for exen	nptions)	
Signature of Employer or Authorize	ed Repres	entative		Today's Dat	e ( <i>mm/c</i>	ld/yyyy)	Title o	of Employe	r or Authoriz	zed Representative	
Last Name of Employer or Authorized Representative First Name			st Name of E	Name of Employer or Authorized Representative				Employer's Business or Organization Name Artech LLC			
Employer's Business or Organization	on Addres	s (Street I	Number an	d Name)	City or	Town			State	ZIP Code	
360 Mt. Kemble Avenue, S						stown,			NJ	07960	
Section 3. Reverification	and Rel	nires (T	o be comp	oleted and	signed	by employ	er or	authorize	ed represer	ntative.)	
A. New Name (if applicable)						B. Date of Rehire (if applicable)					
Last Name (Family Name)		First Name (Given N				Middle Initial		Date (mm/dd/yyyy)			
C. If the employee's previous grant continuing employment authorization					provide	the informa	tion fo	r the docu	ment or rece	eipt that establishes	
Document Title				Document Number				Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjur the employee presented docum											
Signature of Employer or Authorize	ed Represe	entative	Today's	Date (mm/de	d/yyyy)	Name	of Emp	oloyer or A	uthorized Ro	epresentative	

## 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  Documents that Establish  Both Identity and  Employment Authorization	OR	LIST B  Documents that Establish Identity  AN	<b>ID</b>	LIST C Documents that Establish Employment Authorization	
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		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,		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	
5.	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and	4. 5. 6. 7. 8. 9.	gender, height, eye color, and address  S. School ID card with a photograph  Voter's registration card  U.S. Military card or draft record	3.	by the Department of State (Forms DS-1350, FS-545, FS-240)	
	<ul><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport; and</li></ul>		<ul> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> </ul>	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of	
	(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.		Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:	7.	Resident Citizen in the United States (Form I-179)	
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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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