

# ACCEPTABLE DOCUMENTS FOR FORM I-9

## LIST A: Documents that Establish Both Identity and Employment Authorization

Documents on List A show both identity and employment authorization. Employees presenting a List A document should not be asked to present any other document. Some List A documents are in fact a combination of two or more documents. In these cases, the documents presented together count as one List A document.

### ➤ U.S. Passport or U.S. Passport Card



### ➤ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)








This document may only be used if the period of endorsement has not yet expired and the proposed employment does not conflict with any restrictions or limitations listed on Form I-94 or I-94A, Arrival/Departure Report.

Example of old version:

**I-94 # (11 digits)  
(Admission #)** →

Departure Number <b>813106636 11</b>	
Department of Homeland Security CBP I-94A (11/04) Departure Record	
L1 12345 ADMITTED USA 09/17/2007 Class Unit	
Family Name <b>SAMPLE</b>	Birth Date (Day Mo Yr) <b>22, 12, 50</b>
First (Given) Name <b>AHMET</b>	
Country of Citizenship <b>PAKISTAN</b>	
20041122 US-VISIT 20050207 MULTIPLE	
See Other Side	STAPLE HERE

Example of new version:

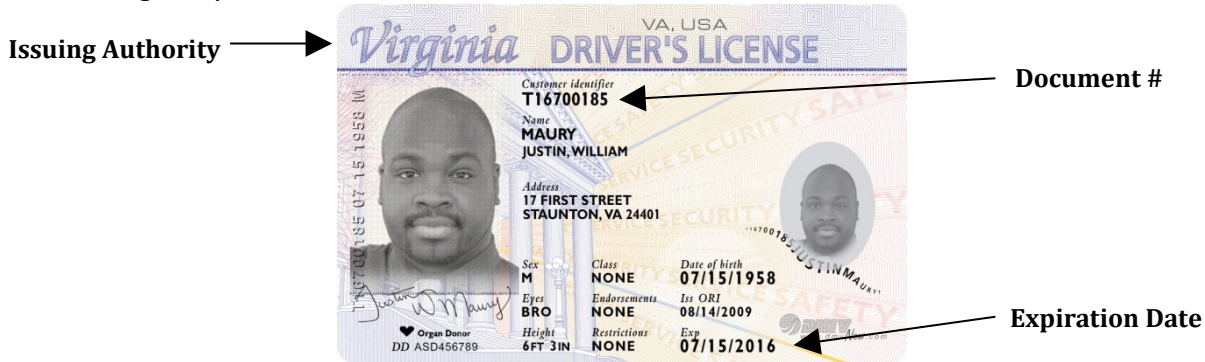
	
<b>U.S. Customs and Border Protection</b> Securing America's Borders	
Get I-94 Number	I-94 FAQ
<b>Admission (I-94) Number Retrieval</b>	
<b>Admission (I-94) Record Number: 69000888062</b> ← <b>I-94 # (11 digits)</b>	
<b>Admit Until Date (MM/DD/YYYY): 10/10/2012</b>	
Details provided on Admission(I-94) form:	
Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

Note: Some individuals who present this List A document, such as certain nonimmigrant students and exchange visitors, must also present additional documentation in order to prove their work authorization in the United States.

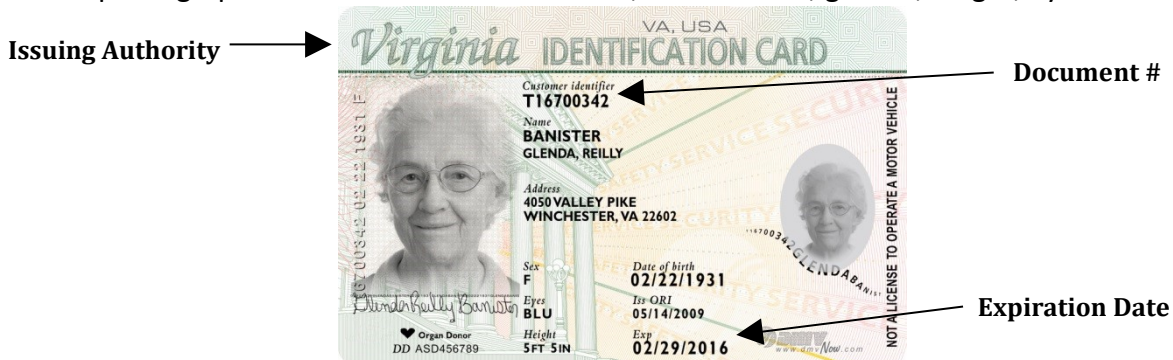
## LIST B: Documents that Establish Identity

The documents on List B show identity only. **Employees who choose to present a List B document must also present a document from List C for Section 2.** Employees may present one of the following unexpired List B documents:

- **Driver's license or identification (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, gender, height, eye color and address



### ➤ Other Acceptable Documents:

- School ID card with a photograph
- Voter's registration card
- U.S. military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariners Document (MMD) Card
- Native American tribal document with a photograph
- Driver's license issued by a Canadian government authority

For minors under the age of 18 and certain individuals with disabilities who are unable to produce any of the listed identity documents, special notations may be used in place of a List B document

## LIST C: Documents that Establish Employment Authorization

The documents in List C show employment authorization only. **Employees who choose to present a List C document must also provide a document from List B for Section 2.**

Employees may present one of the following unexpired List C documents:

➤ **U.S. Social Security card that is unrestricted.**

A card that includes any of the following restrictive wording is not acceptable:

- NOT VALID FOR EMPLOYMENT
- VALID FOR WORK ONLY WITH INS AUTHORIZATION
- VALID FOR WORK ONLY WITH DHS AUTHORIZATION

➤ **Native American tribal document**

➤ **Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)**

DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

**Certification of Birth Abroad**  
of a Citizen of the United States of America

This is to certify that according to records on file in this Office

JOSEPH WILLIAMSON ROSE

Sex MALE was born at US NAVAL HOSPITAL, OKINAWA, JAPAN  
on AUGUST 15, 1990 Report of birth recorded on SEPTEMBER 14, 1990

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America at NAHA, JAPAN  
this 14TH day of SEPTEMBER 1990

(SEAL) \_\_\_\_\_  
CONSUL of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

Form FS-545  
1-73

16-7522-2 GPO

Issuing Authority



➤ Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)

UNITED STATES OF AMERICA  
DEPARTMENT OF STATE

159- 1018159

**Certification of Report of Birth**  
of a United States Citizen

This is to certify that the birth of IMA SAMPLE sex FEMALE  
born at DESOLATION MONGOLIA  
on APRIL 1, 1996 was registered with the Consular Service of the United States and a  
Consular Report of Birth was issued at BISHKEK, KYRGYZSTAN  
on SEPTEMBER 10, 1996

Father: DADDY SAMPLE Date of Birth: APRIL 1, 1970  
Mother: MOMMY SAMPLE Date of Birth: APRIL 1, 1975

CONDOLEEZZA RICE  
Secretary of State  
Authentication Officer, Washington, D.C.  
OCTOBER 27, 2005  
Date

FORM DS-1350 WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

Issuing Authority

Document #

➤ 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

CERTIFICATION OF VITAL RECORD

STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

**VOID**

**COPY OF CERTIFICATE OF BIRTH**  
State of Rhode Island

NAME OF CHILD <b>John Doe</b>		
SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 3, 2002</b>	LOCAL OF STATE FILE NUMBER
PLACE OF BIRTH (Name of Hospital or Street Address) City or Town County STATE		
<b>The Memorial Hospital</b>	<b>Pawtucket</b>	<b>Providence RHODE ISLAND</b>
FATHER'S NAME <b>John R. Doe</b>		
FATHER'S RESIDENCE <b>Providence</b>	FATHER'S DATE OF BIRTH <b>----</b>	FATHER'S AGE <b>17</b>
MOTHER'S MAIDEN NAME		
MOTHER'S RESIDENCE <b>Newport, RI</b>		
MOTHER'S DATE OF BIRTH <b>----</b>	MOTHER'S AGE <b>17</b>	
LOCAL RESIDENCE OF MOTHER <b>RI</b>	FILING DATE <b>Feb. 5, 2002</b>	

I hereby certify that this is a true and exact copy of the document officially registered and placed on file in the issuing office.

Issuing Office **STATE OFFICE, PROVIDENCE** Date of Issuance **SEP 11 2002**

Document # **015-29**

Signature of Registrar \_\_\_\_\_

THIS COPY VALID ONLY IF ISSUED ON PAPER WITH ENGRAVED BORDER DISPLAYING RAISED SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR.

VS-61

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Issuing Authority

Document #

## **Additional Documentation Requirements**

Some individuals who present a List A document, such as certain nonimmigrant students and exchange visitors, must also present additional documentation in order to prove their work authorization in the United States.

### **Foreign Students in F-1 Nonimmigrant Status Participating in Curricular Practical Training**

Curricular practical training allows students to accept paid alternative work/study, internships, cooperative education or any other type of required internship or practicum that employers offer through cooperative agreements with the student's school. The training must be related to the student's field of study. A student may begin curricular practical training after the Designated School Official has completed the Form I-20, Certificate of Eligibility for F-1 Students Status endorsement page. The DSO-endorsed Form I-20, Certificate of Eligibility for F-1 Students Status together with the student's Form I-94/94A indicating F-1 nonimmigrant status is evidence of employment authorization.

For Form I-9 purposes, the combination of the following documents is considered a List A document, evidencing both identity and employment authorization:

- The student's unexpired foreign passport
- A valid Form I-94 or I-94A, Arrival/Departure Report indicating F-1 nonimmigrant status. The employer should record the foreign passport and I-94 numbers in Section 2 under List A of the Form I-9. See example of I-94 on Page 3 of this document.
- Form I-20 with the Designated School Official's endorsement for employment on page 3. Write the SEVIS number and the program expiration date from Form I-20 in the margin of Form I-9 near Section 2. Example of I-20 follows.

SEVIS ID: N0004705512

<b>SURNAME/PRIMARY NAME</b> Doe Smith	<b>GIVEN NAME</b> John	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> John Doe-Smith	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> UNITED KINGDOM	<b>COUNTRY OF CITIZENSHIP</b> UNITED KINGDOM	
<b>DATE OF BIRTH</b> 01 JANUARY 1982	<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>LEGACY NAME</b> John Doe-Smith	

<b>SCHOOL INFORMATION</b>	
<b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	<b>SCHOOL ADDRESS</b> 9002 Nancy Lane, Ft. Washington, MD 20744
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson PDSO	<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F4444000 03 APRIL 2017

<b>PROGRAM OF STUDY</b>		
<b>EDUCATION LEVEL</b> DOCTORATE	<b>MAJOR 1</b> Economics, General 45.0601	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Student is proficient	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 25 AUGUST 2017
<b>START OF CLASSES</b> 01 SEPTEMBER 2017	<b>PROGRAM START/END DATE</b> 01 SEPTEMBER 2017 - 30 MAY 2023	

<b>FINANCIALS</b>			
<b>ESTIMATED AVERAGE COSTS FOR: 9 MONTHS</b>		<b>STUDENT'S FUNDING FOR: 9 MONTHS</b>	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Funds From This School	\$ 29,000
Expenses of Dependents (0)	\$ 3,000	Funds From Another Source	\$
Other	\$ 0	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 32,000</b>	<b>TOTAL</b>	<b>\$ 32,000</b>

<b>REMARKS</b> Orientation begins 09/25/2017. Please report to ISSS upon arrival.
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<b>SCHOOL ATTESTATION</b>		
I certify under penalty of perjury that all information provided above was entered 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 received 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 and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.		
<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> Helene Robertson, PDSO	<b>DATE ISSUED</b> 04 May 2017
		<b>PLACE ISSUED</b> Ft. Washington, MD

<b>STUDENT ATTESTATION</b>			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. 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 program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> John Doe Smith	<b>DATE</b>	
	<input checked="" type="checkbox"/>	<b>NAME OF PARENT OR GUARDIAN</b>	
	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country)</b>	<b>DATE</b>

Expiration  
Date

## J-1 Exchange Visitors

The exchange visitor (J) may work legally in the United States if the work is part of his or her approved program (e.g., J-1 teachers, professors, summer camp counselors, summer work travel, au pairs) or if he or she receives permission to work from the official program sponsor (e.g., J-1 students).

The J-1 exchange visitor receives several documents in connection with their program.

For Form I-9 purposes, the combination of the following documents is considered a List A document, evidencing both identity and employment authorization:

- The exchange visitor's unexpired foreign passport



- A valid Form I-94 or I-94A indicating J-1 nonimmigrant status
- Form DS-2019 (*J-1 exchange visitors cannot work after the program end date on this form.*)
- A letter or other documentation from the Responsible Officer in the case of a J-1 nonimmigrant student only if not sponsored by Virginia Tech.

U.S. Department of State  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)**

OMB APPROVAL NO 1405-0019  
EXPIRES: 07-31-2014  
ESTIMATED BURDEN TIME: 43 min  
\*See Page 2

1. Surname/Primary Name: _____ Given Name: _____ Gender: _____		<b>NO000116537</b>
Date of Birth (mm-dd-yyyy): _____	City of Birth: _____ Country of Birth: _____ Citizenship Country Code: _____ Citizenship Country: _____	
Legal Permanent Residence Country Code: _____ Legal Permanent Residence Country: _____	Position Code: _____ Position: _____	
Primary Site of Activity: _____		
2. Program Sponsor: _____ Program Number: _____		
Participating Program Official Description: _____		
Purpose of this form: _____		
3. Form Covers Period: _____		4. Exchange Visitor Category: _____
From (mm-dd-yyyy): _____	To (mm-dd-yyyy): _____	
Subject Field Code: _____ Subject Field Code Remarks: _____		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor is: _____		
<p>6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE PATH#): _____</p> <p>Name of Official Preparing Form: _____ Title: _____</p> <p>Address of Responsible Officer or Alternate Responsible Officer: _____ Telephone Number: _____</p> <p>Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm-dd-yyyy): _____</p>		
<p>7. Statement of Responsible Officer for Responsible Sponsor (FOR USE BY SPONSOR PROGRAM):</p> <p>Effective date (mm-dd-yyyy): _____ Title of the exchange visitor from program number _____ sponsored by _____</p> <p>is for program specified in item 2 necessary or highly desirable and is in accordance with the objectives of the Mutual Educational and Cultural Exchange Act of 1960, as amended.</p> <p>Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm-dd-yyyy) of Signature: _____</p>		
<p>PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-404, AS AMENDED (see item 1(e) of page 2).</p> <p>The Exchange Visitor in the above program:</p> <p>1. <input type="checkbox"/> Not subject to the two-year residence requirement</p> <p>2. <input type="checkbox"/> Subject to two-year residence requirement based on:</p> <p>A. <input type="checkbox"/> Government financing and/or</p> <p>B. <input type="checkbox"/> The Exchange Visitor Skills List and/or</p> <p>C. <input type="checkbox"/> PL 94-404 as amended</p> <p>(ALL USAID PARTICIPANTS (G-2-8001) AND ALL ALIEN PARTICIPANTS SPONSORED BY P-040016 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)</p> <p>Name: _____ Title: _____</p> <p>Signature of Consular or Immigration Officer: _____ Date (mm-dd-yyyy): _____</p> <p>THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).</p>		<p>TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year)</p> <p>*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work Travel.</p> <p>(1) Exchange Visitor is in good standing at the present time</p> <p>Date (mm-dd-yyyy): _____</p> <p>Signature of Responsible Officer or Alternate Responsible Officer: _____</p> <p>(2) Exchange Visitor is in good standing at the present time</p> <p>Date (mm-dd-yyyy): _____</p> <p>Signature of Responsible Officer or Alternate Responsible Officer: _____</p>
<p>EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.</p> <p>Signature of Applicant: _____ Here: _____ Date (mm-dd-yyyy): _____</p>		

DS-2019  
XX-XXXX

Page 1 of 2

The employer should record the foreign passport and I-94 numbers in Section 2 under List A of Form I-9. Write the SEVIS number and the program expiration date from Form DS-2019 in the margin of Form I-9 near Section 2. For J-1 nonimmigrant students, also note the documentation from the Responsible Officer in the margin near Section 2.



