

# Form I-9 Employment Eligibility Verification Form

## Instructions for WSDOT remote new hires

### Section 1 - Employee Responsibilities

#### You must:

- Review the information you provided on page 1.
- Ensure that you provided information in ALL required fields – current legal name, complete address, and date of birth. **If other fields do not apply, leave them blank.**
- Ensure you have signed and dated the form. (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)
- Ensure **Supplement A, Preparer and/or Translator Certification for Section 1** is completed if you used a Preparer/Translator to assist you in completing the form.

### Section 2 - Employee Responsibilities

#### You must

- Present the notary with **unexpired** original documentation that shows your identity and employment authorization. You may choose which documentation to present. **List of acceptable documents attached.** You must present either:
  - One document from List A**OR**
  - One document from List B in combination with one document from List C

*(In certain circumstances, you may present an acceptable receipt in place of a List A, B, or C document. Receipts only temporarily satisfy the document presentation requirement for Section 2. Please call WSDOT HR for guidance when presented with receipts: 855-707-8100, option 1.)*

### Section 2 - Notary Responsibilities

#### You must:

- Physically examine the original documents presented by the employee (not photocopies)
- Fill out Section 2 and sign the form. **See examples attached.**

A notary can perform the physical verification of our new employee's documents required by USCIS since they are too far away for WSDOT staff to perform this required physical verification. The notary can use the title of "Notary" or "Public Notary" on the form, and not stamp the form with their notary stamp. *\*California employees may need to have an immigration consultant perform this function instead of a notary.*

**Once the Form I-9 is completed, scan the I-9 and copies of the documents (front & back) to WSDOT HR at [HRHelp@wsdot.wa.gov](mailto:HRHelp@wsdot.wa.gov).** Please call 855-707-8100, option 1 with any questions.

**Note: DO NOT fill out or sign Supplement B, Reverification and Rehire.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="font-size: small; margin-top: 5px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="font-size: small; margin-top: 5px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

**What NOT to do:**

- Do not over-document (i.e., do not record a list A, B *and* C document).
- Do not use whiteout or try to erase a mistake. If you make a mistake, either fill out a new form, or cross through the error (with one line, so it is still readable), write the correct information and initial the correction.

**EXAMPLE 1** with a List A document

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1	EXAMPLE: U.S. PASSPORT		
Issuing Authority	EXAMPLE: DEPT OF STATE		
Document Number (if any)	EXAMPLE: 000000000		
Expiration Date (if any)	EXAMPLE: 03/15/2025		
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy): <b>EMPLOYEE'S START DATE</b>
Last Name, First Name and Title of Employer or Authorized Representative <b>NOTARY'S LAST NAME, FULL NAME, TITLE</b>		Signature of Employer or Authorized Representative <b>NOTARY'S SIGNATURE</b>	Today's Date (mm/dd/yyyy) <b>DATE SIGNED</b>
Employer's Business or Organization Name <b>WA STATE DEPT OF TRANSPORTATION</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>310 MAPLE PARK AVE SE, OLYMPIA, WA 98501</b>	
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.			
Form I-9 Edition 08/01/23			Page 1 of 4

**EXAMPLE 2** with List B/C documents

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1			EXAMPLE: DRIVER LICENSE EXAMPLE SOCIAL SECURITY CARD
Issuing Authority			EXAMPLE: WA DEPT OF LICENSING EXAMPLE: SOCIAL SECURITY ADMINISTRATION
Document Number (if any)			EXAMPLE: WADL123456 EXAMPLE: 123-45-6789
Expiration Date (if any)			EXAMPLE: 01/31/2025
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy): <b>EMPLOYEE'S START DATE</b>
Last Name, First Name and Title of Employer or Authorized Representative <b>NOTARY'S LAST NAME, FULL NAME, TITLE</b>		Signature of Employer or Authorized Representative <b>NOTARY'S SIGNATURE</b>	Today's Date (mm/dd/yyyy) <b>DATE SIGNED</b>
Employer's Business or Organization Name <b>WA STATE DEPT OF TRANSPORTATION</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>310 MAPLE PARK AVE SE, OLYMPIA, WA 98501</b>	
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.			
Form I-9 Edition 08/01/23			Page 1 of 4