



## INSTRUCTIONS TO THE AUTHORIZED REPRESENTATIVE

We are asking you to act as the smartdept.inc. representative to examine the identity and employment authorization document(s) for a new employee. The U.S. Citizenship and Immigration Services (USCIS) require employers to verify the eligibility of employees to work in the U.S. We are asking you to serve as our representative in this regard by examining the individual's documents for us and then completing and signing the USCIS Employment Eligibility Verification Form I-9.

If you have any questions or concerns regarding the completion of this form, please contact the department contact listed on the attached Remote I-9 Completion Form. In addition to these instructions and the Remote I-9 Completion Form, the employee should provide you with the I-9 form with instructions. Verify that the employee has fully completed, signed, and dated Section 1 of the I-9 prior to your completing Section 2 and the Certification section. The employee must present to you suitable identity and employment authorization document(s) from the "List of Acceptable Documents" page.

1. The first section that we need you (as our representative) to complete is "Section 2. Employer or Authorized Representative Review and Verification." You must physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. In the spaces provided, please record the document title, issuing authority, document number, and expiration date (if any). Note: Generally, only unexpired, original documents are acceptable, except that an employee may present a certified copy of a birth certificate.

2. We also need you to complete the "Certification" section of the I-9 Form, as follows:

- Enter the employee's first day of employment (provided on the Remote I-9 Completion Form)
- Sign the Authorized Representative section
- Date the form
- Enter your first and last name

3. Please sign and date the bottom row of page two (where it says "I attest, under penalty of perjury...")

4. Make copies of the documents that were presented to you for examination. Give the copies to the employee, who should attach them to the completed I-9 Form.


CHICAGO  
309 West Washington Street  
Suite 430  
Chicago, IL 60606  
P: 312.284.1350  
F: 312.284.1355

SEATTLE  
600 1st Avenue  
Suite 618  
Seattle, WA 98104  
P: 206.381.5716  
F: 312.284.1355

GRAND RAPIDS  
99 Monroe Ave NW  
Suite 200  
Grand Rapids, MI 49503  
P: 606.888.0563  
F: 312.284.1355



You will need to complete all the boxes highlighted in yellow, as well as EITHER the pink OR the green highlighted sections.

		<b>Employment Eligibility Verification</b> Department of Homeland Security U.S. Citizenship and Immigration Services		<b>USCIS</b> <b>Form I-9</b> OMB No. 1615-0047 Expires 08/31/2019	
<b>Section 2. Employer or Authorized Representative Review and Verification</b> <i>(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.")</i>					
Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization		OR	List B Identity		AND
List C Employment Authorization					
Document Title	Document Title	Document Title			
Issuing Authority	Issuing Authority	Issuing Authority			
Document Number	Document Number	Document Number			
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)			
Document Title	Additional Information		OR Code - Sections 2 & 3 Do Not Write in This Space		
Issuing Authority					
Document Number					
Expiration Date (if any)(mm/dd/yyyy)					
Document Title					
Issuing Authority					
Document Number					
Expiration Date (if any)(mm/dd/yyyy)					
Document Title					
Issuing Authority					
Document Number					
Expiration Date (if any)(mm/dd/yyyy)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.					
The employee's first day of employment (mm/dd/yyyy): <span style="background-color: yellow;"></span> (See instructions for exemptions)					
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
				smartdept. inc. Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
				smartdept. inc.	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code
309 W Washington, Ste. 430			Chicago	IL	60606
<b>Section 3. Reverification and Rehires</b> (To be completed and signed by employer or authorized representative.)					
A. New Name (if applicable)			B. Date of Rehire (if applicable)		
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.					
Document Title		Document Number		Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.					
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Name of Employer or Authorized Representative	

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