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| --- | --- | --- | --- | --- | --- | --- |
| **E-Verify Enrollment Certification Form** | | | | | | |
| **1) LEGAL BUSINESS NAME :** | | |  | | | |
| **2) MAILING Address** **Information** (include mailing address, street, city, county, state and zip code): | | | | |  |  |
|  |  | | | | | |
| **3) PAYEE Name and Mailing Address** (if different from above): | | | | |  |  |
|  | |  | | | | |
| **11) E-Verify Enrollment Certification:**  Check which applies:  Already enrolled (Attach ***active*** Memorandum of Understanding Agreement)  Will be enrolled by September 1, 2025 (attach supporting documentation) | | | | | | |
| **12) AUTHORIZED REPRESENTATIVE** | | | | **13) SIGNATURE OF AUTHORIZED REPRESENTATIVE** | | |
| Name:  Title:  Phone:  Email: | | | |  | | |
| **14) DATE** | | |