

Preparer and/or Translator Certification Page Instructions

For complete instructions on the I-9 form, please visit
uscis.gov/sites/default/files/document/forms/i-9instr.pdf

TO BE COMPLETED BY THE PREPARER(S) AND/OR TRANSLATOR(S)

If a preparer(s) and/or translator(s) assisted your employee with completing the I-9, they will need to complete the Preparer and/or Translator Certification Form.

To do so, the preparer/translator will add the employee's information to the following fields:

Last Name (Family Name) from Section 1. Doe	First Name (Given Name) from Section 1. John	Middle initial (if any) from Section 1. A
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The preparer/translator will then add their information to the following fields:

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator <i>Joe Smith</i>		Date (mm/dd/yyyy) 09/01/2023	
Last Name (Family Name) Smith	First Name (Given Name) Joe	Middle Initial (if any) A	
Address (Street Number and Name) 100 1st Avenue	City or Town Central City	State IA <input type="checkbox"/>	ZIP Code 50000

- **Signature/Date**
- **Last Name, First Name, and Middle Initial (if any)**
- **Street address, Apt # (if applicable), City, State and Zip Code**

If multiple preparers/translators assisted the employee with the completion of the I-9, each one should add their information in the provided fields.

When completed, this form should be submitted to Veridian with the rest of the I-9.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code