

E-Verify Employer Agent Registration Form

Employer Agent Information

Legal Business Name:

Doing Business As (DBA):

Employer Identification Number (EIN):

Address:

City:

State:

ZIP Code:

Primary Point of Contact

Full Name:

Title:

Phone Number:

Email Address:

Agreement and Signature

☐ I certify that the information provided is accurate and complete.

Signature:

Date:

Register