

DESIGNATION as AUTHORIZED REPRESENTATIVE
Agent Authorization and Agreement for I-9 Verification Services

_____ (Employer/Company Name) hereby appoints Lisa Miller of Pearland TX
Notary & Apostille Services (Agent) as our contracted agent solely for the purpose of Employee Eligibility Verification for the benefit of
_____ (Employee Name).

This Agreement is made and entered into by and between the undersigned Employer and the designated Agent, whereby the Agent agrees to perform the following duties in connection with the Employment Eligibility Verification Form I-9 for the employee named below:

The Agent's Duties shall be to:

- Examine the original documentation presented by the employee, as required by the Employment Eligibility Verification Form I-9.
- Complete and execute Section 2 of Form I-9 on behalf of the Employer, for the benefit of the named employee.

Acknowledgment of Non-Notarial Role:

The Employer understands and acknowledges that while the Agent may hold a commission as a Notary Public, the Agent is not acting in the capacity of a Notary Public for the purposes of this Agreement. The verification of the employee's documents is not considered a notarial act, and notarization is not required. The Agent is serving strictly in a private capacity to assist with compliance with employment verification requirements.

Liability and Compliance Statement:

The Employer further acknowledges that, in accordance with the U.S. Citizenship and Immigration Services (USCIS) Handbook for Employers (M-274), the Employer remains **responsible for the Agent's actions** and liable for any violations of employer sanctions laws that may result from the completion of Form I-9.

A signed copy of this Agreement shall be retained with the completed Form I-9 and maintained in the Employer's records.

Authorized By:

Name: _____

Date: _____

Position/Title: _____

Signature: _____

Agent Acknowledgment and Acceptance:

I hereby accept my appointment as Agent as described in this Agreement and agree to fulfill my responsibilities in accordance with the terms outlined above.

Agent Name: _____

Date: _____

Signature: _____