

(Company Letterhead)

To Whom It May Concern:

This letter confirms that *(Company Name)* has completed a form I-9 and/or verified that each employee listed below is eligible to work in the United States based on the Department of Homeland Security federal law requirements. This letter is to serve in lieu of a copy of each employee's form I-9 that is required for a statewide contractor badge.

Legal Name	Social Security Number	Date of Birth
Jane Doe	123-45-6789	12/05/1978

Thank you,

Company Representative Signature

Date

Print Name

STATE OF FLORIDA
COUNTY OF COLLIER

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 200 _____,

by _____.

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary public)

Personally Known _____ OR Produced Identification ____

Type of Identification Produced: _____