

Company ID Number: XXXXXX

The foregoing constitutes the full agreement on this subject between the SSA, DHS (Department of Homeland Security), and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at **888-464-4218**.

**Employer, Your Company Name**

**John Doe**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**01/01/2009**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**01/01/2009**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Links**

DHS Enrollment page  
For E-Verify and Memo of Understanding

[http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm)

For City Utilities Affidavit  
City Utilities Purchasing/Vendor page:

[http://www.cityutilities.net/business/bus\\_b2b.htm](http://www.cityutilities.net/business/bus_b2b.htm)