

AFFIDAVIT of COMPLIANCE

Section 285.530.2

**State of Missouri** ) **ss**

**County of** \_\_\_\_\_ )

**Now this \_\_ day of \_\_\_\_\_, 20 \_\_, the undersigned,  
being first duly sworn, deposes and says:**

- 1. I am more than 18 years of age.**
- 2. I make this affidavit from my personal knowledge of the facts stated herein or upon information and facts available to me as a duly authorized owner, partner, corporate or LLC officer or Human Relations Director of \_\_\_\_\_**

(name of Corporation, LLC, sole proprietorship or partnership)

- 3. I am authorized to make this affidavit on behalf of**

\_\_\_\_\_.

(name of business entity, same as above)

- 4. I state and affirm that \_\_\_\_\_ is enrolled and is  
(name of business entity, same as above)  
currently participating in E-Verify, a federal work authorization program or another equivalent electronic verification of work authorization program operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986.**

- 5. Further, \_\_\_\_\_ does not knowingly employ  
(name of business entity, same as above)**

**any person who is an unauthorized alien.**

**6. Further, \_\_\_\_\_ has performed an electronic**  
(name of business entity, same as above)  
**verification check as described above on all workers hired since**  
**January 1, 2009 or obtained documents required for completion of a**  
**federal I-9 form before it began participating in e-verify.**

**7. Attached to this affidavit is a true and accurate copy of this**  
**company's Memorandum of Understanding with the United States**  
**concerning the use of e-verify.**

**I certify under penalty of perjury that the statements above are**  
**complete, true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_

Authorized Agent, Partner, Owner or Officer

*If business has a Human Relations Director or equivalent that person  
must sign as an affiant as well.*

**I certify under penalty of perjury that the statements above**  
**are complete, true and accurate to the best of my knowledge and**  
**belief.**

\_\_\_\_\_

Human Relations Director

*This form is promulgated pursuant to 15CSR 60-15-.020. Use of this form  
is not required but the Attorney General has deemed this affidavit  
sufficient in form to satisfy the requirements of section 285.540, RSMo.,  
Supp. 2008.*

FURTHER THE AFFIANT SAYETH NOT

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(Signature)

On this \_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_, before me, \_\_\_\_\_  
a Notary Public in and for said State, personally appeared \_\_\_\_\_, known to me  
to be the person who executed the within affidavit, and acknowledged to me that he/she executed the  
same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the  
county and State aforesaid, the day and year first above written.

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Notary Public

My Commission Expires: