



ARIZONA SUPREME COURT  
Legal Paraprofessional Program  
Application for Licensure

*CAREFULLY READ INSTRUCTIONS ON PAGE 13*

**IN ORDER TO BE ELIGIBLE TO APPLY FOR LEGAL PARAPROFSSIONAL LICENSURE  
YOU MUST HAVE SUCCESSFULLY COMPLETED THE EXAMINATION.**

For information on registering for the examination, please visit the Legal Paraprofessional Program website at <https://www.azcourts.gov/Licensing-Regulation/Legal-Paraprofessional-Program>

Any willful omission or misrepresentation of any fact required to be disclosed in this application or any accompanying statement may result in the denial of your application, delay in processing, or other disciplinary action.

**Section I: Name Information**

<b>Name Information:</b>		
Title:	Suffix:	Professional Suffix:
Legal Last Name:	Legal First Name:	MI:
<b>Previous/other Names:</b> List below all the other names or surnames you have used or been known by and describe when, how, and why your name was changed (e.g. marriage or divorce). If a change was made in a judicial or naturalization proceeding, submit an exact and complete copy of the order or other evidence.		
Previous/Other Name:	Date:	Reason:
<b>Name, as you wish it to appear on license:</b>		
NOTE: Only your name will be affixed to your certificate. Recognition of degrees, licenses or other standing will not be included.		

**Section II: Personal Information**

Date of Birth (mm/dd/yyyy):	Place of Birth (City, State):
Citizenship:	Social Security Number:

**Section III: Contact Information**

<b>Home/Mailing Address:</b>			
Home Address (May not be a P.O. Box):	City:	State:	Zip:
Mailing Address <input type="checkbox"/> Same as above. If different,	City:	State:	Zip:
<b>Contact Information:</b>			
Primary Telephone Number:	Mobile Phone Number (if any):	Fax Number (if any):	
Email Address:			
Alternate Email:			
<b>Name/Address/Phone Number to appear on Judicial Website: (Optional)</b>			
Name:		Phone Number:	
Street:	City:	State:	Zip:
Email:			
NOTE: The Website is public information. Please let the Program know your preference. If left blank, only your name and certification number will be posted.			

**Section IV: Residential History**

In chronological order, list every permanent or temporary residence, including your current residence, in which you have lived during the past ten years or since age 21, whichever is shorter. Exact address is not required, but city, state and zip code are required for each United States residence. Use additional pages if necessary.

Address Type	Street Address	City	State	Zip	Time Frame (mm/yy-mm/yy)

**Section V: Eligibility for Certification** *(If you answer “Yes” to any of the following questions, you may submit additional sheets if necessary).*

Are you at least 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen or legal resident of the United States? <b>If “Yes,” you must submit proof.</b> Acceptable documents are listed on page 14 of this application. The documents you submit with this application must be one of the following two options:  <input type="checkbox"/> ONE document from List A (see page 14); or <input type="checkbox"/> ONE document from List B <u>plus</u> ONE document from List C (see page 14).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the core examination?  Date of Exam: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received notification from the LP Program that you passed the core exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the subject matter examination(s)?  If yes, select subject matter examination(s):  <input type="checkbox"/> Family law exam                      Date: _____ <input type="checkbox"/> Civil law exam                              Date: _____ <input type="checkbox"/> Criminal law exam                              Date: _____ <input type="checkbox"/> Administrative law exam                      Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received notification from the LP Program that you passed the exam(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Do you have an associate-level degree in paralegal studies?</p> <p>Name of Degree: _____ Name of Institution: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have an associate-level or Bachelor's degree in any subject plus a certificate in paralegal studies approved by the American Bar Association or an accredited institution recognized by the U.S. Department of Education or the Council of Higher Education Accreditation (CHEA), that requires successful completion of a minimum of 24 semester units in legal specialized courses?</p> <p>Name of Degree: _____ Name of Institution: _____</p> <p>Name of Certificate: _____ Name of Institution: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a certificate in paralegal studies approved by the American Bar Association or an institution that is accredited by an institutional accrediting agency recognized by the U.S. Department of Education or the Council of Higher Education Accreditation (CHEA), that requires successful completion of a minimum of 24 semester units in legal specialized courses?</p> <p>Name of Certificate: _____ Name of Institution: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you completed a certification program for legal paraprofessional approved by the Arizona Judicial Council?</p> <p>Name of Institution: _____ Date Completed: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a four-year Bachelor's degree in law from an accredited college or university that is approved by the court?</p> <p>Name of Institution: _____ Date Obtained: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a Juris Doctor (JD) from a law school accredited by the American Bar Association at the time of your graduation?</p> <p>Name of Institution: _____ Date Obtained: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a Master of Legal Studies (MLS) from a law school accredited by the American Bar Association at the time of your graduation?</p> <p>Name of Institution: _____ Date Obtained: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you a foreign-trained lawyer with a Master of Laws (LLM) from a law school accredited by the American Bar Association at the time of your graduation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever applied to take the Arizona bar examination?</p> <p>If yes, provide an approximate application date: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Have you been admitted to the practice of law in Arizona or any other jurisdiction?</p> <p>If yes, please provide state of admission and Bar number.</p> <p>State: _____ Bar Number: _____</p> <p>State: _____ Bar Number: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you been denied admission to the practice of law in Arizona or any other jurisdiction?</p> <p>If yes, list state(s)/jurisdiction(s) that have denied admission and submit details.</p> <p>State(s): _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you been disbarred or suspended from the practice of law in Arizona or any other jurisdiction?</p> <p>If yes, provide jurisdiction and submit details.</p> <p>State(s)/jurisdiction(s): _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you completed seven (7) years of full-time substantive law-related experience within the past ten (10) years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Number of years of substantive law-related experience in each of the following areas of practice:</p> <p>a) Family Law</p> <p>b) Limited Jurisdiction Civil (may include landlord-tenant and debt collection)</p> <p>c) Limited Jurisdiction Criminal</p> <p>d) Administrative Law</p> <p>Supervising Lawyer: _____ Bar Number: _____</p> <p>Date of employment or service with supervising lawyer (mm/yy-mm-yy): _____</p>	<p>a) _____ years</p> <p>b) _____ years</p> <p>c) _____ years</p> <p>d) _____ years</p>

**Section VI: Employment**

**Current Employment:** Provide your current employment or activity, whether employed, self-employed, unemployed, or enrolled in an educational program. If self-employed, provide a verifying reference not related to you and not listed elsewhere in your application. Use additional pages if necessary.

Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Type:
Company Name and Mailing Address:	
Supervisor's Name and Title:	Supervisor's Phone Number:
Position Held:	From: (mm/yy) To: (mm/yy)
Detailed Description of Responsibilities:	

**Employment History:** In chronological order by start date, list your previous employers, unemployment and activities for the last ten years or since age 21, whichever is shorter. List all activities and employment including self-employment, temporary or part-time employment, clerkships, internships, externships, judicial offices and military service. Also, list every period of time you were unemployed, enrolled in an educational program, on extended vacation or sabbatical or seeking employment. If self-employed, or the business is closed, provide a verifying reference not related to you and not listed elsewhere in your report. Use additional pages if necessary.

Employment type:	
Company Name and Mailing Address:	
Employer/Verifying Reference Name:	Employer / Verifying Reference Phone Number:
Position Held:	From: (mm/yy) To: (mm/yy)
Detailed Description of Responsibilities:	Reason for Leaving:

Employment type:	
Company Name and Mailing Address:	
Employer/Verifying Reference Name:	Employer / Verifying Reference Phone Number:
Position Held:	From: (mm/yy) To: (mm/yy)
Detailed Description of Responsibilities:	Reason for Leaving:

Employment type:	
Company Name and Mailing Address:	
Employer/Verifying Reference Name:	Employer / Verifying Reference Phone Number:
Position Held:	From: (mm/yy) To: (mm/yy)
Detailed Description of Responsibilities:	Reason for Leaving:

Employment type:	
Company Name and Mailing Address:	
Employer/Verifying Reference Name:	Employer / Verifying Reference Phone Number:
Position Held:	From: (mm/yy) To: (mm/yy)
Detailed Description of Responsibilities:	Reason for Leaving:

**Section VII: Background Information: *If you answer “Yes” to any of the following questions, indicate the date of conviction or finding, nature and details of the case, including the case disposition, location, court and case number (submit additional sheets if necessary).***

<b><u>Application Questions Information:</u></b>	
<p>Have you ever been expelled, suspended, or disciplined by any school or college for any cause whatsoever, including scholastic deficiency?</p> <p>If you answered yes above, please provide the following information:</p> <p>Name of School Date of occurrence Detailed description of cause of discipline Final disposition Date of disposition</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever at any time been questioned or accused with respect to cheating, plagiarism or honor code violation in the course of your schooling or elsewhere?</p> <p>If you answered yes above, please provide the following information:</p> <p>Name of school (or, if nonacademic, site of occurrence) Date of occurrence Name of accuser Detailed description of the situation in which the accusation occurred Outcome</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Were you ever the subject of a hearing or hearings related to bar admission or any other professional license?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever made a false or misleading statement or verification in support of an application for a license filed by another person?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever made a false or misleading oral or written statement to division staff or the Board?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever failed to disclose information on a certification application subsequently revealed through a background check?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever failed to respond or furnish information to division staff or the Board when the information is legally requested and is in your control or is reasonably available to you and pertains to certification or investigative inquiries?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b><u>As a member of any profession, a holder of any license or office, or as an attorney:</u></b>	
<p>Have you ever had any charges, complaints, or grievances (formal or informal) filed against you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been involved as a party, directly or indirectly, in any disciplinary proceeding, formal or informal?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Have you ever at any time had a business, trade or professional license denied or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, censured, suspended, disbarred or otherwise disqualified from professional licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the course of any employment since the age of 21 (regardless of current age), have you been accused or charged with dishonesty, misrepresentation, misappropriation, theft, fraud, moral turpitude, or the commission of a crime? ( <b><i>Include any situation even if it did not result in discharge, resignation or criminal charge.</i></b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever resigned in lieu of suspension, revocation, disqualification or disbarment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been accused of violating rules that prohibit the unauthorized practice of law in any state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated, suspended, placed on probation, or other disciplinary action taken in past or present employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever discharged, or have you ever resigned from any employment after being told that your conduct or work was unsatisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Civil and Criminal History:</u></b>	
Have you ever committed material misrepresentation, omission, fraud, dishonesty, or corruption in applying for a license or on a license examination in this state or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever committed any act constituting material misrepresentation, omission, fraud, dishonesty or corruption in business or financial matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had conduct showing incompetence or a source of injury and loss to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever failed to comply with any court order including, but not limited to, not appearing for jury duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever violated any decision, order, or rule issued by a professional regulatory entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a complaint filed against you in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, forgery, or legal malpractice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been served with a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for, pleaded guilty to or been convicted of, or ever been the subject of an investigation concerning the violation of any law, statute, ordinance, rule, regulation, or canon? ( <b><i>In answering the question, include all incidents, no matter how trivial or minor the infraction or whether guilty or not, whether expunged or not, whether you believe or were advised that you need not disclose any such instance.</i></b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted by final judgment of a felony, regardless of whether civil rights have been restored? ( <b><i>The fact you entered a plea bargain or “no contest” plea or your conviction has been vacated, pardoned, expunged, dismissed, or appealed, or your civil rights have been restored does not mean you can answer “No.” You must answer “Yes” and provide details of the offense and explain. Do not answer yes if you have only minor civil traffic violations.</i></b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted by final judgment of a misdemeanor, regardless of whether civil rights have been restored? ( <i>The fact you entered a plea bargain or “no contest” plea, or your conviction has been vacated, pardoned, expunged, dismissed, or appealed, or your civil rights have been restored does not mean you can answer “No.” You must answer “Yes” and provide details of the offense and explain. Do not answer yes if you have only minor civil traffic violations.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a party to or claimed an interest in any civil proceedings ( <i>including but not limited to orders of protection, dissolution of marriage/family matters, lawsuits, etc.</i> )? If so, provide the details, including the case name and number, a copy of the original complaint, and a copy of the final disposition with your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Financial History</u></b>	
Have you ever had a credit card revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any debts, including student loans, which are more than 90 days past due? Respond affirmatively even if the debt is barred by the statute of limitations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in default in any way in the performance or discharge of any duty or obligation imposed upon you by decree or order of any court, including, but not limited to, civil judgments, alimony, maintenance and support orders and decrees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever failed to meet your financial obligations and/or defaulted on any debt or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed a petition under any Chapter of the Bankruptcy Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to file, or are you in the process of filing a petition for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any surety on any bond on which you were the principal been required to pay any money on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*By checking this box, I agree to the following:*

*I certify under penalty of perjury that all information contained in my application, including all supporting documents, is true and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations or failures to disclose (omissions) made in this application may be grounds for denial of certification, subsequent suspension or revocation of certification or other disciplinary action deemed appropriate by the Board.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

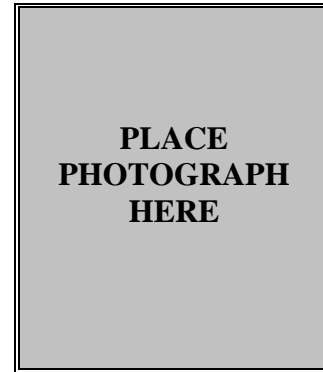
\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**Section VIII: Photograph (Required)**

Submit a recent (2 x 2) photograph of yourself. The photograph must be of your head, neck and shoulders only.

**DO NOT USE STAPLES OR GLUE**



DRAFT

**Authorization, Release, Oath and Affirmation**

Having filed this application, I hereby consent to having an investigation made of my moral character, professional reputation, and fitness for legal paraprofessional licensure. I agree to give any further information which may be required in reference to my past or current record.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information including documents, records, charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, to permit the Legal Paraprofessional Program, or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I release, discharge, and exonerate the Legal Paraprofessional Program, all agents and representatives, the State of Arizona, and any person furnishing information pursuant to this Authorization and Release from all liability which may arise from the investigation made by the Legal Paraprofessional Program, all agents and representatives.

I understand willful omission or misrepresentation of any fact required to be disclosed in this application or any accompanying statement is grounds for refusing to issue or renew a certificate or for suspending or revoking a certificate.

Being duly sworn and under oath or affirmation, I acknowledge that I have read this application form and that all statements are true and complete to the best of my knowledge and belief and that my Authorization and Release are freely given.

I have read and reviewed Arizona Supreme Court Rule 31 and Arizona Code of Judicial Administration § 7-210, governing legal paraprofessionals, as adopted by the Arizona Supreme Court, and I agree to abide by the Arizona Code of Judicial Administration and Code of Conduct for legal paraprofessionals found in the Arizona Code of Judicial Administration § 7-210, as promulgated by the Arizona Supreme Court.

\_\_\_\_\_  
Full Signature of Applicant

**AFFIDAVIT OF VERIFICATION**

THE STATE OF ARIZONA, COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes expressed, and affirmed that the facts detailed are true.

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Arizona

\_\_\_\_\_  
Notary's Name Printed

\_\_\_\_\_  
My Commission Expires

## INSTRUCTIONS

Carefully read all instructions prior to completing the application. Incomplete application submissions will result in the rejection of the application. To obtain additional assistance, contact the Certification and Licensing Division at [LPPProgram@courts.az.gov](mailto:LPPProgram@courts.az.gov) or visit the Arizona Judicial Department website at: <https://www.azcourts.gov/Licensing-Regulation/Legal-Paraprofessional-Program>

**The Board of Nonlawyer Legal Service Providers expects you to spend the time necessary to provide accurate and complete answers. You are required to swear/affirm before a notary public that the application submitted is true and complete in all respects, and you will be held in strict compliance with this declaration.**

You must complete the research necessary to answer each question. Failure to strictly comply with the requirements of the Application will reflect negatively upon you and may result in substantial delay or denial of your Legal Paraprofessional License.

1. **Clearly print or type all information.** Each section must be completed. Do not leave blank spaces. If a section does not apply to you, mark the space “Not Applicable” or “N/A”.
2. **Fees.** Please refer to ACJA § 7-210 (K) to determine the applicable **NON-REFUNDABLE** fee(s) which must accompany this application. The applicable fee(s) should be made payable to the **Arizona Supreme Court**.
3. **Photograph.** You must include one color passport-size photograph, two inches by two inches of the head, neck and shoulders only. The photograph must have been taken within the last two years and clearly identifies you as the applicant
4. **Education.** You must submit photocopies of all degrees, diplomas, certificates or licenses listed on this application. You must also submit transcripts demonstrating coursework where required.
5. **Experience.** If required, submit a signed document from a supervising attorney to demonstrate that you meet the experience requirements of ACJA § 7-210(E)(3)(b) and/or (c). You must also submit 2 personal and 2 professional references with your application.
6. **Fingerprint Cards.** You must obtain and complete a standard FBI fingerprint card (one is included in the certificate application packet). If your fingerprints are not clear, the card will be rejected. Additional fees will be required for cards submitted a third, fifth, etc. time. A **\$22.00** (subject to change) FBI processing fee must accompany each card submitted. Please fill out the sections of the card as indicated in the application letter.
7. **Proof of Citizenship Acceptable Documents (please send CLEAR and READABLE copies –Failure to do so may result in a delay of the processing of your application):** See page 14 of application: List of Acceptable Residency/Citizenship Documents
8. **Assumed Name (or D.B.A.).** While conducting legal paraprofessional business, a certificate holder shall use the name as shown on the license and shall not transact business in this state under an assumed name or under any designation, name or style, corporate or otherwise, other than the real name of the individual unless the individual files with division staff a license setting forth the name under which business will be transacted.
9. **Background Information.** If you answered “Yes” to any question in the Background Section of this application, you are required to submit:
  - a **SIGNED** and **NOTARIZED** statement describing **in detail** all incidents including (1) names of all parties involved, (2) dates and locations, (3) the names and localities of any courts and/or administrative agencies involved, (4) the disposition of each matter, (5) whether the conviction, plea or finding was for a felony, misdemeanor, or open-ended charge.
10. **Please submit the completed application, all required documents and fees to:**

**Arizona Supreme Court  
Certification and Licensing Division  
1501 West Washington Street, Suite #104  
Phoenix, AZ 85007-3231**
11. **Notification.** Your cancelled check is proof we have received your application. You will be notified in writing of the decision by the Board of Nonlawyer Legal Service Providers regarding your application.

## LIST OF ACCEPTABLE RESIDENCY/CITIZENSHIP DOCUMENTS

One (1) document from List A

**OR**

Two (2) documents: one from List B and one from List C

### **List A** (documents which establish both identity and employment eligibility)

1. U. S. Passport (*unexpired or expired*).
  2. Certificate of United States Citizenship [*U.S. Immigration and Naturalization Services (INS) Form N-560 or N-561*].
  3. Certificate of Naturalization (*INS Form N-550 or N-570*).
  4. Unexpired foreign passport which:
    - a. Contains an unexpired stamp which reads “Processed for I-551. Temporary Evidence of Lawful Admission for permanent residence. Valid until \_\_\_\_\_. Employment authorized;” or
    - b. Has attached to it a Form I-94 bearing the same name as the passport and containing an employment authorization stamp, so long as the period of endorsement has not yet expired, and the proposed employment is not in conflict with any restrictions or limitations identified on the Form I-94.
- NOTE: For more detailed information concerning the Form I-94, see page 23 of the “Handbook for Employers (M-274).”
5. Alien Registration Receipt Card (INS Form I-151 or I-551) provided it contains a photograph of the bearer.
  6. Unexpired Temporary Resident Card (INS Form I-688).
  7. Unexpired Employment Authorization Card (INS Form I-688A).
  8. Unexpired reentry permit (INS Form I-327).
  9. Unexpired Refugee Travel document (INS Form I-571).
  10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B).

### **List B** (documents which establish identity only)

1. Driver license or ID card issued by a state or outlying possession of the United States (*provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address*).
2. ID card issued by federal, state or local government agencies or entities (*provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address*).
3. School ID card with photograph.
4. Voter’s registration card.
5. U. S. Military card or draft record.
6. Military dependent’s ID card.
7. U. S. Coast Guard Merchant Mariner Card.
8. Native American tribal document.
9. Driver license issued by a Canadian government authority.

### **List C** (documents which establish employment eligibility only)

1. U. S. social security card issued by the Social Security Administration (*other than a card which has printed on its face “NOT VALID FOR EMPLOYMENT”*).

NOTE: This must be a card issued by the Social Security Administration; a facsimile (such as a metal or plastic reproduction) is not an acceptable document.

2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*).
3. Original of certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal.
4. Native American tribal document.
5. U. S. Citizen ID Card (*Form I-197*).
6. ID Card for use of Resident Citizen in the United States (*Form I-179*).
7. Unexpired employment authorization document issued by the INS.

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274) provided by the Department of Homeland Security, U. S. Citizenship and Immigration Services at <http://www.uscis.gov/files/nativedocuments/m-274.pdf>