

# AUTHORIZED REPRESENTATIVE SERVICE AGREEMENT: I-9 VERIFICATION SERVICES

This Authorized Representative Service Agreement (the "Agreement") is entered into as of this \_\_\_\_ day of \_\_\_\_\_, 20, by and between **TeQuaidas Diagnostics**, a mobile diagnostics and healthcare services provider located in the State of Georgia (the "Service Provider"), and \_\_\_\_\_ (the "Employer").

## 1. APPOINTMENT OF AUTHORIZED REPRESENTATIVE

The Employer hereby appoints TeQuaidas Diagnostics to act as its "Authorized Representative" for the sole purpose of completing Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS) Form I-9, Employment Eligibility Verification. TeQuaidas Diagnostics accepts this appointment and agrees to perform the verification services in accordance with the guidelines provided by the USCIS Handbook for Employers (M-274).

## 2. SCOPE OF SERVICES

TeQuaidas Diagnostics shall provide the following services (the "Services"):

- **Review of Section 1:** Ensure that the Employee has completed Section 1 of Form I-9 accurately and timely.
- **Physical or Remote Document Inspection:**
  - **Mobile/In-Person:** Physically examine original, unexpired documents presented by the Employee to establish identity and employment authorization.
  - **Remote/Video (Alternative Procedure):** If the Employer is enrolled in and in good standing with E-Verify, the Service Provider will conduct a live video interaction to examine digital copies and live presentations of documents in accordance with DHS Alternative Procedures.
- **Completion of Section 2:** Complete the "Employer Review and Verification" section of Form I-9, including the certification of document review.
- **Record Submission:** Provide a completed copy of Form I-9 and copies of the presented documents to the Employer via secure transmission.

## 3. COMPLIANCE AND E-VERIFY REQUIREMENTS

- **Employer Responsibility:** The Employer acknowledges that if the Services are conducted via remote video verification, the Employer **must** be actively enrolled in E-Verify. TeQuaidas Diagnostics shall mark the "Additional Information" field in Section 2 with the notation "Alternative Procedure" as required by law.
- **Final Decision:** The Employer maintains the final authority and responsibility for the hiring decision and for the submission of data into the E-Verify system, unless otherwise agreed upon in writing.

#### 4. LIMITATION OF LIABILITY

- **Statutory Liability:** The Employer acknowledges that pursuant to USCIS regulations, the Employer remains strictly liable for any errors or omissions made by the Authorized Representative in the completion of Form I-9.
- **Standard of Care:** TeQuaidas Diagnostics shall perform the Services with the standard of care and clinical expertise consistent with its 18+ years of professional experience.
- **Indemnification:** TeQuaidas Diagnostics shall not be held liable for any civil or criminal penalties, fines, or back-pay orders assessed against the Employer by DHS, ICE, or the Department of Justice, provided that the Service Provider acted in good faith based on the documents presented by the Employee.

#### 5. CONFIDENTIALITY; DATA PRIVACY AND SECURITY

TeQuaidas Diagnostics recognizes that it will have access to Personally Identifiable Information (PII) and other confidential business information. **Both parties** agree to handle such information securely and only as needed to perform or administer the Services. The Service Provider agrees to:

- Use PII solely for the purpose of completing Form I-9 and providing the Services.
- Protect PII using industry-standard administrative, physical, and technical safeguards.
- Transmit completed forms and document copies to the Employer using secure methods.
- Delete or return all copies of Employee documentation in the Service Provider's possession once the Employer has confirmed receipt of the completed verification, except where retention is required by law or reasonably necessary for recordkeeping.

#### 6. FEES AND CANCELLATION

The Employer agrees to pay the Service Provider the following rates:

- **Remote Video Verification:** \$50.00 per session.
- **Mobile/In-Person Verification:** Starting at \$85.00 (variable based on location and travel).
- **Cancellation Policy:** All appointments are subject to the TeQuaidas Diagnostics Scheduling & Cancellation Policy, including a \$25.00 late cancellation fee for notice of less than 24 hours and a 10-minute "no-show" rule.

#### 7. TERM; GOVERNING LAW

**Term.** This Agreement may be entered into **(a)** on a per-appointment basis and shall apply only to the Services performed for that appointment, or **(b)** as an ongoing partnership arrangement for multiple appointments until terminated by either party upon written notice to the other party.

**Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the date first written above.

**TeQuaidas Diagnostics**

By: \_\_\_\_\_ Name: Tequilla Arkadie Title: Owner / Phlebotomist

**EMPLOYER**

By: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_