*Solo es obligatorio si se utiliza un Preparador o Traductor

Número del Consumidor

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**
Nombre del PCA/DCW de la Sección 1	**Apellido del PCA/DCW de la Sección 1**	**Inicial del Segundo Nombre de la Sección 1**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Date *(mm/dd/yyyy)*		
Firma del Preparador o Traductor	**Fecha de la Firma**		
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*	
Apellido del Preparador o Traductor	**Nombre del Preparador o Traductor**	**Inicial del Segundo Nombre**	
Address *(Street Number and Name)*	City or Town	State	ZIP Code
Dirección del Preparador o Traductor	**Ciudad del Preparador o Traductor**	**Estado**	**Código Postal**

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Date *(mm/dd/yyyy)*		
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*	
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Date *(mm/dd/yyyy)*		
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*	
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Date *(mm/dd/yyyy)*		
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*	
Address *(Street Number and Name)*	City or Town	State	ZIP Code