



**OFFICE OF THE ARIZONA ATTORNEY GENERAL  
EXECUTIVE OFFICE**

**Voluntary Employer Enhanced Compliance Program**

Arizona Revised Statutes § 23-215

**Enrollment Instructions**

First, print the attached Affidavit and Agreement form and review it carefully. Make sure you understand the document and are willing and able to perform fully in accordance with its terms. If you have any doubt about whether the Voluntary Employer Enhanced Compliance Program is right for your business, you should consult your attorney.

Second, register to use the federal E-Verify program and the federal Social Security Number Verification Service. You can find instructions on the following Web sites:

E-Verify: [www.dhs.gov/ximgtn/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/ximgtn/programs/gc_1185221678150.shtm)

Social Security Number Verification Service: [www.ssa.gov/employer/ssnv.htm](http://www.ssa.gov/employer/ssnv.htm)

Third, fill in all the information required on the affidavit form. If you have any questions unique to your situation (for example, whether your business is a sole proprietorship, corporation, partnership, or other form of entity, or whether the employee or other representative is authorized to sign on behalf of the employer) you should consult your attorney.

Fourth, the duly-authorized representative of the employer should sign the Affidavit and Agreement in front of a notary public, and the notary public should sign and date the document.

Finally, make a copy of the signed document for your records, then mail the original, signed Affidavit and Agreement to:

Voluntary Employer Enhanced Compliance Program  
Attorney General's Office  
1275 West Washington  
Phoenix, Arizona 85007

**LEGAL ARIZONA WORKERS ACT  
VOLUNTARY EMPLOYER ENHANCED COMPLIANCE PROGRAM**

**EMPLOYER'S AFFIDAVIT AND AGREEMENT**

STATE OF ARIZONA }  
County of \_\_\_\_\_ } ss.

The undersigned, being first duly sworn upon oath, deposes and says as follows:

1. I am duly authorized to execute this affidavit and enter into this agreement by and on behalf of the following business entity (hereinafter referred to as "Employer") and I have personal knowledge of the facts stated herein:

Name of Employer: \_\_\_\_\_

Name of business (if different than above): \_\_\_\_\_

Employer is a (check one):  Sole Proprietorship  Corporation  Partnership  
 Other (explain) \_\_\_\_\_

Principal business location in Arizona:

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City Arizona Zip

My relationship to Employer is:  Owner  Director  Officer (title): \_\_\_\_\_  
 Employee (job title): \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

Please mail confirmation of enrollment in the Voluntary Employer Enhanced Compliance

Program to: \_\_\_\_\_  
Street Address or Post Office Box  
\_\_\_\_\_  
City Arizona Zip

2. Employer is not now on probation pursuant to a court order entered under Arizona Revised Statutes § 23-212 or § 23-212.01 for violation of the Legal Arizona Workers Act.

3. Employer hereby enrolls in the Voluntary Employer Enhanced Compliance Program described in Arizona Revised Statutes § 23-215 and hereby agrees to perform all of the following actions in good faith:

(a) Employer is and shall remain registered to use E-Verify system operated by the United States Department of Homeland Security and after hiring an employee, Employer shall verify the employment eligibility of the employee through the E-Verify system.

(b) Employer is and shall remain registered to use the Social Security Number Verification Service operated by the United States Social Security Administration and, as to every employee who is not verified through the E-Verify system, within thirty days after the date of this affidavit, Employer shall verify the accuracy of the employee's Social Security number through the Social Security Number Verification Service.

(c) In the event Employer receives a failed verification result from the Social Security Number Verification Service as to any employee, Employer shall notify the employee of the date on which Employer received the failed result and instruct the employee to resolve the discrepancy with the Social Security Administration within ninety days after the date of Employer's receipt of the failed result.

(d) Employer shall verify the accuracy of Social Security numbers and resolve any failed verification results in a consistent manner for all employees.

(e) If Employer receives a written request from the Arizona Attorney General's Office or from the office of any County Attorney stating the name of an employee for whom a complaint has been received under the Legal Arizona Workers Act, as amended, Arizona Revised

Statutes § 23-212 or § 23-212.01, Employer shall immediately provide to the Attorney General or County Attorney, as the case may be, all of the following documents relating to that employee: (i) documents indicating that the employee was verified through the E-Verify system; and/or (ii) documents indicating that the employee's Social Security number was verified through the Social Security Number Verification Service; and/or (iii) documents indicating that a failed result was received from the Social Security Number Verification Service and was not resolved within ninety days after the date on which Employer received the failed result, but Employer and the employee worked actively, consistently and in good faith toward resolving the failed result with the Social Security Administration.

4. Employer understands that if Employer does not fully comply with Arizona Revised Statutes § 23-215, the Attorney General may terminate Employer's enrollment in the Voluntary Employer Enhanced Compliance Program and further understands that, at any time, Employer may voluntarily withdraw from the Voluntary Employer Enhanced Compliance Program by notifying the Attorney General in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public

My commission expires: