



## **Third Party Verification Form – Instructions**

In order to qualify for compensation from the September 11th Victim Compensation Fund (“VCF”), an individual must prove that he or she was present at one of the 9/11 crash sites at some point during the period beginning on **September 11, 2001, through May 30, 2002. The VCF needs to know where the individual was located, and the specific date(s) when he or she was there.** For purposes of the VCF, the 9/11 crash sites include:

- The World Trade Center site, the Pentagon site, or the Shanksville, Pennsylvania, site.
- The buildings or portions of buildings that were destroyed as a result of the terrorist-related airplane crashes of September 11, 2001.
- The New York City Exposure Zone, which includes the area in Manhattan south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River.
- Any area related to or along the routes of debris removal used during the cleanup activity, such as barges and the Fresh Kills landfill.

You have been asked to complete this form because an individual (or their authorized representative) filed a VCF claim and indicated that he or she was affiliated with your organization during the period beginning on September 11, 2001, through May 30, 2002, and you may have information that verifies the location and dates of the individual’s work or volunteer activities. The VCF appreciates your assistance in providing the requested information. If you have any questions about this form, call the VCF toll-free Helpline at 1-855-885-1555 or visit the VCF website at [www.vcf.gov](http://www.vcf.gov).

### **Complete the form following the instructions below.**

**Section 1: Information about the Employee/Volunteer.** The individual who asked you to complete this form should provide you with his or her full name and VCF claim number. The claim number is seven (7) digits and starts with “VCF.”

**Section 2: Information about the Employer/Organization and the representative who is completing the form.** Complete all of the fields in this section. The VCF may contact the representative if additional information is needed.

**Section 3: Information about the individual’s location(s) and activity during the period beginning on September 11, 2001, through May 30, 2002.** Complete the table using the following guidelines:

- **Specific Dates of Employment/Volunteer Work:** Provide specific start and end dates when the individual worked or volunteered for your organization during the September 11, 2001, through May 30, 2002 timeframe.
- **Specific Address(es) where the individual Worked or Volunteered:** Provide the addresses where the individual worked or volunteered during the listed dates. Please provide specific street addresses. If you do not know the specific address, provide the cross streets or intersections.
- **Brief Description of Work/Duties Performed.** Provide a description of the individual’s activities at the location(s) during the relevant dates.
- **Supporting Documents:** If you rely on internal or employer/organization documents or business records to complete the table, please include copies of those documents with your response. Write the individual’s name and VCF claim number on each document you submit in support of this form.



**Section 4: Certification.** Print your name in the space, read the certification, and sign and date the form. **If submitting the form by email, you may sign electronically or sign and scan the form and attach it to the email. If mailing the form, an original hand-written signature is required.**

**Returning the Form.** The employer or organization should return the form directly to the VCF. Forms sent directly to the VCF by an employer or organization provide the strongest evidence to support the claim.

- **By email:** The form must be sent from an official email account associated with the employer or organization so the VCF knows it came directly from your organization:

**To:** [VCF.Thirdpartyverification.usdoj.gov](mailto:VCF.Thirdpartyverification.usdoj.gov)

**Subject:** Third Party Verification Form

- **By mail:** Send to: September 11th Victim Compensation Fund, P.O. Box 34500, Washington, D.C. 20043

### **Third Party Verification Form**

This form should be used by an employer or volunteer organization to provide information to the September 11th Victim Compensation Fund ("VCF") on behalf of an employee or volunteer who has filed a VCF claim.

**Please carefully read and follow the instructions before completing this form.**

**The Employer/Organization should send this form directly to the VCF.**

**The claimant should not submit this form to the VCF on behalf of the Employer/Organization.**

### **Section 1: Information about the Employee/Volunteer.**

Employee/Volunteer Full Name: \_\_\_\_\_

7-digit VCF Claim Number: \_\_\_\_\_

### **Section 2: Information about the Employer/Organization and the representative who is completing the form.**

Employer/Organization Name: \_\_\_\_\_

Employer/Organization Address: \_\_\_\_\_

Title:                      Mr.      Ms.      Mrs.      Dr.      Other: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

**Does your organization have a number of employees/volunteers who may be eligible for VCF compensation? By checking this box, a member of our Outreach team will contact you to discuss how you can help us help them.**



**Section 3: Information about the individual's location(s) and activity beginning on September 11, 2001, through May 30, 2002. Complete the table below.** If you rely on internal employer/organization documents or business records to complete the table, include copies of those documents with your response. You may attach a letter or additional pages to this form if additional space is needed.

Specific Dates Worked/Volunteered	Specific Address(es) where individual Worked/Volunteered	Brief Description of Work/Duties Performed

**Section 4: Certification.**

I, \_\_\_\_\_, certify under penalty of perjury pursuant to  
28 U.S.C. §1746(1) that the foregoing is true and correct.

\_\_\_\_\_  
Employer/Organization Contact's Signature

\_\_\_\_\_  
Date