



The Commonwealth of Massachusetts Department of State Police

10 PARK PLAZA, 2ND FLOOR
BOSTON, MA. 02119

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

DANIEL BENNETT
SECRETARY

April 30, 2019

COLONEL KERRY A. GILPIN
SUPERINTENDENT

TO: Lt. William Nolan # 1636, Commander Fraud Identification Unit

FROM: Tpr. Stephen Walker #2033

SUBJECT: Case # 2019-134-5499-0034
Docket #1901CR00_____

Sir,

I, Trooper Stephen V. Walker, being duly sworn, depose and say,

1) I am currently a Trooper in the Massachusetts State Police, formally of the Metropolitan District Commission Police (MDC), a position I have continuously held for the past thirty (30) years. Presently, I am assigned to the State Police Fraud Identification Unit/Criminal Information and Intelligence Section/Division of Homeland Security and Preparedness, conducting investigations for the past four (4) years. Previous assignment; Division of Field Services, Uniform Branch; assigned to Troop 'H' Brighton Barrack, Troop 'H' Milton Barrack, Troop 'F' Logan International Airport Barrack: where my duties included but not limited to Patrol Functions and Court Liaison (Station Court Officer).

2) I have a degree from Western New England College of Springfield Massachusetts, in Criminal Justice. I have attended and successfully completed the following certificate training courses offered by; The Commonwealth of Massachusetts; The Massachusetts State Police; The Massachusetts Criminal Justice Training Council; Massachusetts Port Authority – MSP Troop 'F'; to include but not limited to;

“Speed Detection Devices/LIDAR/RADAR”

“Thirty plus year experience and training in speed ESTIMATION”

“Basic Narcotics Investigation”

“Motor Vehicle Accident Investigation and Reconstruction”

“Commercial Vehicle Inspection, Commercial Accident Investigation, and Reconstruction”

“Document Fraud Inspection and Investigation”

“Document Inspection” (including Personal Identification and Shipping Documents.)
“The Reid Technique – Interview and Interrogation”
“Sex Trafficking”
“Child Sex Trafficking”

“Rape Investigation”
“Anti-Terrorism Procedures”
” Suspicious Package Inspection, Bomb Detection”
”Special Tactics Patrol and Special Weapons”

3) I am certified locally and nationwide in the use of several Law Enforcement Information Date Base Systems, to include but not limited to the following; CJIS, AFIS, NCIC, LEEPS, ACCIS, ATLAS, ALARS, and Facial Recognition.

4) During my tenure as a police officer, I have conducted and participated in investigations and surveillance of properties, suspects, and targets relative to; Breaking and Entering, Identification Fraud, Rape, Robbery/Larceny, Assault (s), Motor Vehicle Law Enforcement, Accident Investigations, and other Felonious and Misdemeanor Investigations, which have resulted in the arrests and convictions of individuals involved in various forms of criminal activity.

5) I now present the following facts of this investigation;

SYNOPSIS:

On March 07, 2019 The Facial Recognition System revealed a possible match between two separate Massachusetts Driver License’s Images (S [REDACTED] and S [REDACTED]). Upon initial review of the images and information it was confirmed both images were of the same person. I then reviewed the personal information on the two (2) licenses; the first name and the last name are spelled the same. The social security numbers, height, date of birth, addresses, and Registry of Motor Vehicles (RMV) issued numbers are different. All photo images on file with the RMV, starting November 19, 1997 to date are of the same person.

(Please see side by side comparison on page 3 of this report)

I reviewed the submitted documents used to acquire these two drivers’ licenses and found in both records, the suspect used a US VISA for proof of identity. The date of birth, photo image, and government issued numbers on both US VISAS do not match.

Because of the differences in information of the licenses and the differences between the US VISAS: the suspect intentionally filed applications with the RMV using documentation not issued to him, using information of another person to acquire legal identification from the State

of Massachusetts. Due to this fraudulent activity charges will be filed at the appropriate court of jurisdiction, requesting a warrant for the suspect's arrest.

OLN: S [REDACTED]

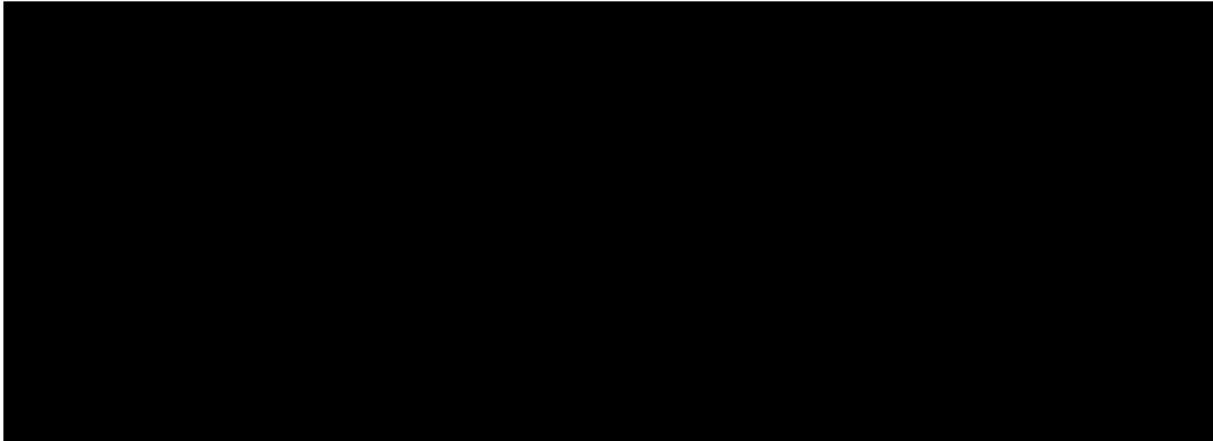


IMAGE DATE: 11/19/1997 IMAGE DATE: 03/24/2009 IMAGE DATE: 03/06/2019
NAME: [REDACTED]
DOB: [REDACTED]
SSN: [REDACTED]

OLN: S [REDACTED]

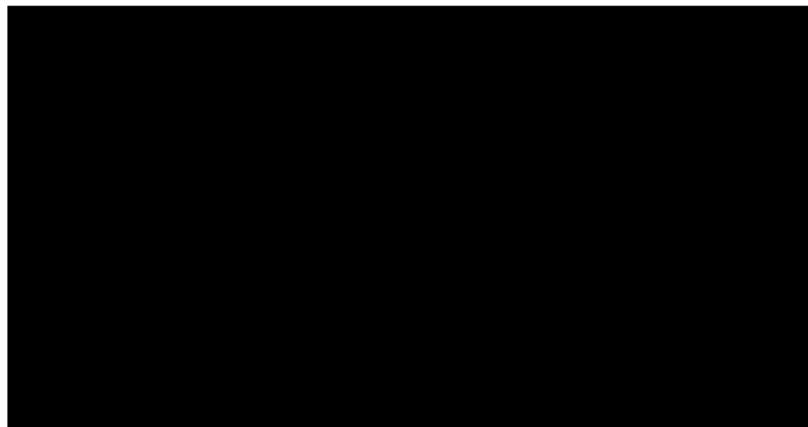


IMAGE DATE: 08/12/2014 IMAGE DATE: 06/30/2015
NAME: [REDACTED]
DOB: [REDACTED]
SSN: [REDACTED]

UNITED STATES PERMANENT RESIDENT CARDS:

OLN: S [REDACTED]



OLN: S83155834



REPORT

OLN: S [REDACTED], record began on or about November 09, 1992 with an attempt of acquiring a Class 'D' Learner's Permit. He failed the test. The photo image on the Massachusetts Driver's License does NOT match the photo image on the US Permanent Resident Card (USCIS # 070-369-703) [REDACTED] has used this identity from the date he attempted his first written exam up to and including March 06, 2019 when he renewed his license.

Issuance Activities for this record;

<u>Exam Type</u>	<u>Exam Date /Time</u>	<u>Exam Status</u>	<u>Location</u>
Class D Written Exam	11/09/1992 @ 14:00:00	Failed	Photo Lic Zone 1
Class D Written Exam	11/03/1993 @ 14:00:00	Failed	Photo Lic Zone 1
Class D Written Exam	11/04/1993 @ 15:30:00	Passed	Photo Lic Zone 1
Class D Road Exam	12/23/1993 @ 09:00:00	Passed	Malden

<u>Date</u>	<u>Issue Type</u>	<u>Credential Issued</u>	<u>Location</u>
11/04/1993	New Issuance	Class D Permit	RMV Boston
12/23/1993	New Issuance	Class D Passenger License	RMV Revere
11/19/1997	Duplicate	Class D Passenger License	RMV Boston
03/12/1998	Renewal	Class D Passenger License	RMV Cambridge
05/12/2004	Renewal	Class D Passenger License	RMV Watertown
01/12/2007	Duplicate	Class D Passenger License	RMV Watertown
03/24/2009	Renewal	Class D Passenger License	RMV Cambridge
03/04/2014	Renewal	Class D Passenger License	WEB/Online
03/06/2019	Renewal	Class D Passenger License	RMV Watertown

OLN: S [REDACTED], record began on or about September 04, 2014 with an attempt of acquiring a Class D Learner's Permit. He failed the test. The photo images and date of birth on both the Massachusetts Driver's License and the US Permanent Resident Card (USCIS # 096-724-465) match.

Issuance Activities for this record;

<u>Exam Type</u>	<u>Exam Date /Time</u>	<u>Exam Status</u>	<u>Location</u>
Class D Written Exam	09/03/2014	Failed	RMV Watertown
Class D Written Exam	01/02/2015	Passed	RMV Watertown
Class D Road Exam	02/21/2015	Cancelled	WJO Auto School*
Class D Road Exam	03/06/2015	Passed	WJO Auto School*

*WJO Driving School, 705 Cambridge Street, #2, Cambridge, MA. 02141 (Google)

<u>Date</u>	<u>Issue Type</u>	<u>Credential Issued</u>	<u>Location</u>
01/02/2015	New Issuance	Class D Permit	RMV Watertown
03/09/2015	New Issuance	Class D Passenger License	RMV Watertown
06/30/2015	Duplicate	Class D Passenger License	RMV Watertown/Kiosk

Over the past four (4) years and to date: this suspect has held two (2) active Class D Learner's Permits and two (2) active Driver's Licenses by using two different Social Security Numbers and Dates of Birth. He has submitted to the Massachusetts RMV, two different US Permanent Resident ID Cards issued by the US Government as proof of his identity to apply and acquire these documents.

By acquiring the Massachusetts Learner's Permit and Class D Driver's License using the identity of another [REDACTED] of [REDACTED].
DOB: [REDACTED] SSN: [REDACTED] OLN: S [REDACTED], committed the following crimes and an arrest warrant will be sought at BMC.

CHARGES:

Chapter 90 Section 24B/A

Did falsely impersonate the person named in an application for a License or Learner's Permit to operate motor vehicles, or did procure or assist another to do so, or did use a name other than his or her own to falsely obtain such a license, or did have in his possession or utter, publish as true, or in some way make use of a License or Learner's Permit to operate motor vehicles that was obtained in such manner, in violation of G.L. C. 90, S.24b. (Penalty: State Prison for not more than 5 years, or Jail, or House of Correction for not more than 2 years, or not more than \$500, and Registry of Motor Vehicles shall Suspend License for 1 year.)

Chapter 90 Section 24B/B

Did falsely mail, steal, alter, forge, or counterfeit, or procure or assist another to falsely make, Steal, Alter, Forge or Counterfeit Learner's Permit, a License to operate motor vehicles, an Identification Card issued under C. 90 S. 8e, a Certificate of Registration of a motor vehicle or trailer, or an inspection sticker, to wit license, in violation of G.L. C.90 S.24b. (Penalty: State Prison for not more than 5 years, or Jail, or House of Correction for not more than 2 years, or not more than \$500, and Registry of Motor Vehicles shall Suspend License for 1 year.)

Chapter 266 Section 37E: Use of personal identification of another; identity fraud:

(b) Whoever, with intent to defraud, poses as another person without the express authorization of that person and uses such person's personal identifying information to obtain or to attempt to obtain money, credit, goods, services, anything of value, any identification card or other evidence of such person's identity, or to harass another shall be guilty of identity fraud and shall be punished by a fine of not more than \$5,000 or imprisonment in a house of correction for not more than two and one-half years, or by both such fine and imprisonment.

RESPECTFULLY SUBMITTED,

WALKER, STEPHEN V.
TROOPER #2033, MSP
FRAUD IDENTIFICATION UNIT

DOCUMENTS SUBMITTED TO RMV:

OLN: S83155834:

COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
TRAFFIC RECORDS & REGISTRATION RECORDS ATTEN
R-61 REGISTRAR



**Driver's License, Learner's Permit
or ID Card Application**

(Passenger (Class D), Motorcycle (Class M), Class D/M, or Massachusetts Identification Card)
Save time, go to mass.gov/RMV to apply online!

A. Service Type

1. Type: REAL ID Standard ID

2. Document to Issue: Learner's Permit Driver's License Massachusetts ID Card

3. Class of Learner's Permit/License (if applicable): Passenger (Class D) Motorcycle (Class M) Both (Class D/M)

4. Service Type: New Renewal Replacement Out-of-State Conversion Reinstatement CDL Downgrade
 Change of Information (Enter new information in applicable fields): Name Address DOB Gender Height Eye Color

B. Applicant Information

Last Name (If you're getting a REAL ID, provide your full legal name) [Redacted] First Name [Redacted] Middle Name [Redacted] Suffix [Redacted]

Current Massachusetts Learner's Permit or Driver's License # (if applicable) [Redacted] Date of Birth (MM/DD/YYYY) [Redacted]

What is your Social Security Number? [Redacted] If you do not have a Social Security Number, you will need an SSA Denial notice & Foreign Passport.
Foreign Passport # [Redacted]

Residential Address (Where you actually reside)
Street [Redacted] Zip Code 02150

Mailing Address (same as above)
Street [Redacted] Zip Code 02150

Email [Redacted] Phone Type Cell Home Work Phone # [Redacted]

Emergency Contact Information: (optional)
Email [Redacted] Name [Redacted] Phone Type Cell Home Work Phone # [Redacted]

C. Out of State Conversion (Skip if not converting from out of state)

Driver's License, Learner's Permit or ID Card # [Redacted] Document Type Learner's Permit Driver's License ID Card Restriction(s) (if applicable) [Redacted]

Country [Redacted] State [Redacted] Issue Date (MM/DD/YYYY) [Redacted] Expiration Date (MM/DD/YYYY) [Redacted]

D. Required Demographic Information

Gender M F Eye Color Black Brown Gray Hazel Pink Blue Dichromatic Green Maroon Unknown Height (feet, inches) 5'7"

Register me (or keep me registered) as an Organ and Tissue Donor: Yes No For more information on organ and tissue donation, visit: NEDS.org

Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund? (to be answered for renewal and replacement transactions only) Yes No

Military Status (documentation is required if checked - visit mass.gov/rmv for acceptable documents)

Are you an active duty member? What military branch? [Redacted] If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your ID? [Redacted]

E. CDL Downgrade (if applicable)

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this transaction.

Applicant Signature: MILKYAS J.



F. Voter Registration

To vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.

- Do you want to register to vote? Yes No
 - Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.
 - If you answered "Yes," complete question #2 and read the Affirmation Section below.
 - Check "No" if you are currently registered to vote and do not want to change your voter registration.
- Are you a citizen of the United States of America? Yes No
NOTE: If you answered "no" to this question, do not complete question #3. You are not eligible to register to vote at this time.
- Please indicate party enrollment or political designation (check one). Democratic Republican Libertarian Green-Rainbow
 No Party (unenrolled) Political Designation (not a political party) (Print desired designation): _____
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT

Chloe C. Durney
REGISTRAR

AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE

I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES, that I am at least 18 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.

Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes.

Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 55, Section 8).

G. Mandatory Questions

- In the past 10 years, have you held any class of license, in any other state, country or jurisdiction? Yes No
If yes, where? (Country/State) _____ What credential class? _____ What credential #? _____
List any current license/permit also: _____
You may use additional paper if necessary.
- Do you have a cognitive, neurologic, physical or any other impairment that may affect your functional ability to operate a motor vehicle safely? Yes No
- Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? Yes No
- Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country or jurisdiction? Yes No

H. Parent/Guardian Consent for Applicants under the age of 18

(Information & Certification of Person Providing Consent)

If the person giving consent IS NOT a parent, proper documentation of authority must be shown.

I hereby certify I am: (check one) parent legal guardian Department of Children and Families boarding school headmaster of the above-named applicant who is less than 18 years of age, but not less than 16 years of age, if applying for a Learner's Permit or Driver's License OR who is less than 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID). False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24B).

Parent/Guardian's Address: _____

Parent/Guardian's Signature: _____

I. Certification and Signature of Applicant (application not complete without signature)

I have reviewed this completed Application Form, including the Voter Registration Section, and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and correct.

I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: 03/06/19

The Registrar reserves the right to cancel, revoke, or recall, any learner's permit, driver's license, or ID card if it is determined that the applicant was not qualified for such learner's permit, driver's license, or ID card.

RMV Use Only
Date: 3/6/19 Clerk Initials: JT



UNITED STATES OF AMERICA

PERMANENT RESIDENT

Surname

[REDACTED]

Given Name

[REDACTED]

USCIS#

[REDACTED]

Category

RE6

Country of Birth

Ethiopia

Date of Birth

[REDACTED]

Sex

M

Card Expires:

10/21/25

Resident Since:

09/02/92



COMMON
REGIS
TRUE COPY OF THE RECORD

I-551
Rev 10-15-14



31

If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 648005, Lee's Summit, MO 64002-8005



REGISTRAR

M. J. Dwyer

COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
RECORDS ATTACHED

I-551
Rev 10-15-14



31

If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 648005, Lee's Summit, MO 64002-8005



R-
EGIS RAR

M. J. Dwyer

COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
RECORDS ATTENDING



UNITED STATES OF AMERICA

PERMANENT RESIDENT

[Redacted]

Surname

[Redacted]

Given Name

[Redacted]

USCIS#

[Redacted]

Category

RE6

Country of Birth

Ethiopia

Date of Birth

[Redacted]

Sex

M

Card Expires:

10/21/25

Resident Since:

09/02/92

2R-61

COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
A TRUE COPY OF THE RECORDS ATTEST
REGISTRAR

Chas. A. ...





TRUE COPY OF THE
R-61
REGISTRAR
SETTS
ES
TTEST



CHUSETTS
HICLES
RDS ATTES

Chas C. Deverney

R-61

REGISTRAR

E. CHANGE OF INFORMATION If you change your address, you must notify the RMV within 30 days.

Check here if your name has changed. Please print your new name in the General Information section and your previous name below.

Last Name	First Name	Middle Name
-----------	------------	-------------

Check here if the address in the General Information section reflects a change of Mailing Address.

Check here if the address in the General Information section reflects a change of Residential Address.

Check here if your gender designation has changed. Note: Additional documentation will be required. Other

Change gender designation to: Male Female

Check here if your height has changed. Current height is ft. in.

F. PARENTAL CONSENT FOR MINOR; INFORMATION & CERTIFICATION OF PERSON PROVIDING CONSENT

This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaster of the Boarding School the applicant is attending.

To the Registrar, I hereby certify I am: (check one) parent legal guardian Massachusetts Child Guardian Division boarding school headmaster

of the above-named applicant who is less than 18 years of age, but not less than 16 years of age, if applying for a Learner's Permit or Driver's License OR who is less than 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 5E for an Identification Card (ID).

False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).

Parent/Guardian's Address: _____

Parent/Guardian's Signature: _____ Printed Name: _____

If the person giving consent is NOT a parent, proper documentation of authority must be shown.

G. VOTER REGISTRATION to be completed by all applicants

To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.

1. Do you want to register to vote? Yes No

• Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.

• Check "No" if you are currently registered to vote and do not want to change your voter registration.

If you answered "Yes," complete question #2 and read the Affirmation Section Below.

2. Check all that apply:

Are you a citizen of the United States of America? Yes No

Will you be at least 18 years of age or older on or before Election Day? Yes No

NOTE: If you answered "no" to either of these questions, do not complete question #3. You are not eligible to register to vote at this time.

3. Please indicate party enrollment or political designation (check one).

Democratic Republican Green-Rainbow No Party (unenrolled)

Political Designation (not a political party): _____

(Print desired designation)

PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT

AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE

If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; THAT YOU ARE A CITIZEN OF THE UNITED STATES; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.

Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 50, Section 8).

H. SIGNATURE OF APPLICANT (application not complete without signature)

Note: This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.

I have reviewed this completed Application Form, including the Voter Registration Section, and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. False statements are punishable by fine, imprisonment, or both (M.G.L. c. 90 §24).

Signature: _____ Date: 8/12/14

The Registrar reserves the right to cancel, revoke, or modify any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.

TURNING 21? RENEW OR AFTER YOUR 21ST BIRTHDAY TO RECEIVE A STANDARD HORIZONTAL LICENSE.

OFFICIAL NOTICE: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN.

FOR CUSTOMER SERVICE: Contact our Phone Center at 857-368-8000 • Weekdays 9 a.m. - 5 p.m.

Please visit our website for more information at: www.massrmv.com



11R-61
 REGISTRAR
 MASSACHUSETTS
 DEPARTMENT OF
 TRANSPORTATION
 RECORDS ATTENDANT



Class D, M, or D/M License and ID Card Application

Please make your selection below. If you select one of the options from line 2, you must also select one of the options from line 3.
NOTE: Mass ID cards and Liquor ID cards cannot be converted from other states. Permits and Liquor ID cards cannot be converted.

- 1. Learner's Permit Exam Reinstatement
 License Mass ID Card Liquor ID Card Permit
 Issuance Renewal Change of Information Duplicate Out-of-State Conversion

Fees are payable by Cash, Check, Money order, MasterCard, Visa, American Express or Discover. Go online to www.mass.gov for additional payment options.
If paying by check, make payable to "MassDOT." PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK

IDENTIFICATION REQUIREMENTS

For most transactions, including license conversions, applicants over the age of 18 must present this form of ID which include:
- Proof of date of birth - Proof of signature - Proof of Massachusetts residency
Applicants under 18 years of age must only provide proof of date of birth. The parent/guardian must sign the certification on the back of this application.

You must also produce your social security number (SSN) and the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you.
If you do not have an SSN, an acceptable written denial notice not more than 60 days old from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status, an I-94, and a current non-U.S. Passport.

Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID card and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at www.mass.gov.

MA Assigned License/ID/Permit Number License Class Social Security Number
[Redacted] D M D/M [Redacted]

GENERAL INFORMATION

Last Name First Name Middle Name Date of Birth Sex Height
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] 6' 07"
Mailing Address City/State Zip Code
[Redacted] [Redacted] 02140
Residential Address City/State Zip Code
[Redacted] [Redacted] [Redacted]

REQUIRED INFORMATION Questions 1-4 to be completed by all applicants. Questions 5-8 to be completed by License/Permit applicants only.

- 1. Yes No Do you want to be, or continue to be, registered as an organ & tissue donor?
2. Yes No Are you an active duty member of the U.S. Armed Forces?
3. Yes No If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your license/ID?
4. Yes No Are you currently licensed to drive in any state, country, or jurisdiction? where: ETHIOPIA

- 5. Yes No In the past 10 years, have you held any class of driver's license in any other state, county, or jurisdiction? where: ETHIOPIA Class of License: D
6. Yes No Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?
7. Yes No Do you have any medical condition that may affect your ability to safely operate a motor vehicle?
8. Yes No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?

OUT-OF-STATE LICENSE/PERMIT CONVERSION to be completed by applicants converting an out-of-state license or permit

License/Permit Number State License/Permit Class Expiration Date (month/day/year) Issue Date (month/day/year)
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

RMV USE ONLY: Date: 6/10 Initial: [Redacted]
CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this transaction.
Customer Signature: [Redacted]



Please complete REQUIRED Voter Registration and SIGNATURE Section on reverse side

T21042_1112

You must provide one document from each list below to prove Massachusetts residence, signature, and date of birth. There must be three different documents. In addition, you must provide a verifiable SSN or a Denial Notice (not more than 60 days old) issued by the SSA with a visa, I-94*, and current non-US Passport.

- Massachusetts Residence (Photocopies are not acceptable)**
- Current MA learner's permit, MA license, or MA ID card
 - Expired MA driver's license or MA ID card (expired no more than 12 months)
 - Certified or attested copy of a court order of a federal, state, or county court within the U.S. that contains a raised court seal and includes the applicant's full name, residential address, and DOB (examples include an adoption document, a name change document, and a gender change document) (dated within 12 months of application)
 - Home mortgage or lease, or loan contracts (examples include Retail Installment Sale Agreement, and Motor Vehicle Installment Sale Contract), with the applicant's name, residential address and signature (dated within 12 months of application)
 - Current, valid homeowner's or renter's insurance policy with the applicant's residential address that is for the current or immediate prior year
 - (a) A bank passbook with applicant's name and residential address printed or written in a designated place in the passbook; (b) A bank statement or transaction-retained document (no more than 60 days old) on a form generated by the issuing bank and displaying the bank's name and mail address, and the applicant's name and residential address, received through mail by applicant; (c) A checkbook with the applicant's preprinted name and residential address; or (d) ATM/Debit Card statement with name and residential address (no more than 60 days old)
 - Canceled personal check (copy acceptable if printed on a sheet with other canceled checks and issued as part of a monthly statement by the bank) with signature of applicant and preprinted residential address on the check and dated not more than 60 days earlier
 - Original or certified copy of a U.S. - issued Marriage Certificate (dated within 6 months of application)
 - A utility bill (gas, electric, wired telephone, wired cable, or heating oil delivery bill) (no more than 60 days old) that contains the applicant's name and residential address
 - Current Massachusetts registration card
 - A property tax or excise tax bill that is for the current or the immediate prior year and contains the applicant's name and residential address
 - Tuition bill or student loan coupons, with residential address, with a due date of not more than 12 months old
 - Original school transcript with name and residential address (not valid if more than 12 months old)
 - Original letter issued and signed by the principal, headmaster, or official keeper of the records of a MA school (including a college or university) on school's letterhead that states the applicant is currently a resident student and includes the name and date of birth (dated within 12 months of application)
 - Medicaid correspondence (dated within six months of application)
 - Credit Report issued by Experian, Equifax, or TransUnion (dated within 12 months of application)
 - Annual Pension or Retirement Statement for the current or immediate prior year
 - Annual Social Security Statement for the current or immediate prior year
 - First-class mail from any federal or state agency that displays residential address
 - W-2 Form from current or previous year that displays residential address
 - Cell phone, credit card, doctor, or hospital bill issued within the last 60 days
 - Voter registration signed & certified by city/town clerk
 - Pre-printed pay stub with employer's name and address and applicant's name and residential address (no more than 60 days old)
 - Current car loan payment book that displays residential address
 - Car insurance policy/bill (no more than 60 days old)
 - Current MA-issued Professional License that displays residential address
 - Jury Duty Summons (dated within 12 months of application)
 - Census or Census Verification for current year
 - MA Firearms Card, with photo, signature, residential address, and DOB (expired no more than 12 months)
 - 18 - 21 year old applicant
 - Notarized statement from parent/legal guardian that states applicant currently resides in the parent/guardian's home

*The I-94 can be either a paper version from US Customs and Border Protection or a printout of an electronic version downloaded from their website: www.cbp.gov/I94

- Date of Birth (Photocopies are not acceptable)**
- U.S. or non-U.S. passport (including passport card) with photo (non-US passport must contain visa and I-94*)
 - Current MA learner's permit, MA license, or MA ID card
 - Expired MA license or MA ID card
 - Out-of-state license with photo and DOB issued by a state, territory, or possession of the U.S., D.C., a province of Canada, or a state of Mexico or the Federal District of Mexico City
 - Original birth certificate issued in the U.S. or its territories or a copy certified by the agency that issued the original certificate or a copy certified by a Bureau of Vital Statistics or a state Board of Health within the United States (a hospital issued certificate is not acceptable)
 - Original out-of-country birth certificate certified by the agency that issued it. If not in English, the certificate must be translated.
 - Certified or attested copy of a court order of a federal, state, or county court within the U.S. that contains a raised court seal and includes the applicant's full name and DOB (examples include an adoption document, a name change document, and a gender change document)
 - Certain Bureau of Citizenship and Immigration Services documents and other U.S. Government immigration documents (See list of Official Immigration Documents)
 - U.S. military discharge papers (DD 214) with DOB
 - U.S. Coast Guard Merchant Mariner card with photo and DOB
 - Original or certified copy of a U.S. - issued Marriage Certificate with DOB listed
 - Original or certified copy of a baptismal certificate, provided the original certificate was issued within one year of the applicant's birth by a church in the U.S. and contains the applicant's DOB
 - Original letter issued and signed by the principal, headmaster, or official keeper of the records of a MA school (including a college or university) that is on school letterhead and states the applicant is currently a resident student and includes the name and DOB
 - U.S. military (or military dependent) ID with photo and DOB
 - MA Firearms Card, with photo and DOB

- Signature (Photocopies are not acceptable)**
- U.S. or non-U.S. passport (including passport card) with photo (non-US passport must contain visa and I-94*)
 - U.S. Coast Guard Merchant Mariner card with photo and signature
 - Current MA learner's permit, MA license, or MA ID card
 - Expired MA driver's license or MA ID card
 - Out-of-state license with photo and signature issued by a state, territory, possession of the U.S., D.C., province of Canada, or a state of Mexico or the Federal District of Mexico City
 - Certain Bureau of Citizenship and Immigration Services documents and other U.S. Government immigration documents (See list of Official Immigration Documents)
 - Lease or loan contracts, with name and signature
 - U.S. military discharge papers (DD 214), with signature
 - Canceled personal check (copy acceptable if printed on a sheet with other canceled checks and issued as part of a monthly statement by the bank) with signature of applicant and preprinted residential address on the check
 - Original or certified copy of a U.S. - issued Marriage Certificate
 - Current or expired ID with photograph and applicant's signature, issued by a U.S. agency, the District of Columbia, a state or state agency (but not a state college/university ID), a municipality, a territory, or a possession of the United States, a province of Canada, or a state of Mexico or the Federal District of Mexico City
 - U.S. military (or military dependent) ID with photo and signature
 - Selective Service Card with name & signature
 - Social Security Card
 - MA Firearms Card, with photo and signature

- Official U.S. Immigration Documents (Photocopies are not acceptable)**
- If the document has an expiration date which has passed, the document is not acceptable.
1. Certificate of Naturalization.....N-550, N-570, or N-578
 2. Certificate of Citizenship.....N-560, N-561, or N-645
 3. U.S. Citizen Identification Card.....I-179 or I-197
 4. Permanent Resident Card ("Green Card").....I-551
 5. Temporary Resident Identification Card.....I-688
 6. Record of Arrival and Departure.....I-94*
- The I-94 and the valid foreign Passport count as only one Acceptable Document.
7. Processed for I-551 stamp (in valid, Foreign Passport).....I-327
 8. U.S. Permanent Resident Re-entry Permit.....I-571
 9. U.S. Refugee Travel Document.....I-688B, I-766
 10. Employment Authorization Card.....I-688B, I-766
 11. Documents specific to the applicant based upon decisions of the U.S. Department of State, U.S. Department of Justice (including Executive Office for Immigration Review, Board of Immigration Appeals and former Immigration and Naturalization Service), or U.S. Department of Homeland Security (including Bureau of Citizenship and Immigration Services.)



Massachusetts Registry of Motor Vehicles Application Rejection Form

Applicant's Name: [Redacted] Date Issued #: S [Redacted]

Application for (circle one): Learner's Permit License Mass ID Liquor ID

Initial Inspection by Application Examiner

Your application has been rejected because you did not meet the requirement(s) for:

- Massachusetts residency
- Age
- Signature
- Valid Social Security Number or acceptable Denial Notice
- I-94 Record of Arrival and Departure (either a paper version from US Customs and Border Protection or a printout of an electronic version downloaded from their website: www.cbp.gov/i94)
- I am not satisfied that you are the person described in the documents or photo
- Other: _____

LOW WAIT #
VALID FOR 1
week before
4 pm

Chw. L. Jurny
CENTRAL

Examiner's Comments: Bring back DC

Date: _____ Examiner's initials: _____ Branch: _____

Note: You may seek an informal review of the Examiner's decision from the Branch Manager (or Designee) of this office by presenting this form and accompanying documents.

Informal Review by Branch Manager (or Designee)

Upon review of the application, accompanying documents, and reason stated above, I find the application is:

- REJECTED (for the reason stated above)
- OK TO PROCESS (return to the examiner)

Manager's/Designee's Comments: [Signature]

Reviewer's Name: _____ Signature: _____

YOUR RIGHT TO APPEAL A DECISION OF THE REGISTRY
Any person aggrieved by a ruling or decision of the Registry may, within ten (10) days of the original examiner's decision, file an appeal (on the appropriate form with the required \$50 application fee) to:

**BOARD OF APPEAL ON MOTOR VEHICLE
LIABILITY POLICIES & BONDS**
Division of Insurance
1000 Washington Street, 8th Floor
Boston, MA 02118
617-521-7794 www.state.ma.us/doj



9021

T21036-0713

UNITED STATES OF AMERICA

PERMANENT RESIDENT

Surname

Given Name

USCIS#

Country of Birth
Ethiopia

Date of Birth

Card Expires:

Resident Since:

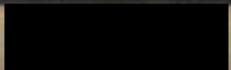
Category
CR6

Sex
M

12/11/15

12/11/13

I-551
Rev 02-16-09



EXP 12
087131

11

If found, drop in any US Mailbox. USPS Mail to USCIS, PO Box 848005, Lee's Summit, MO 64002-8005

Frank J. Smith



UNITED STATES OF AMERICA

PERMANENT RESIDENT

Surname

[REDACTED]

Given Name

[REDACTED]

USCIS#

[REDACTED]

Category

CR6

Country of Birth

Ethiopia

Date of Birth

[REDACTED]

Sex

M

Card Expires:

12/11/15

Resident Since:

12/11/13

U.S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
THIS IS A COPY OF THE RECORDS IN THE
FILE OF THE PERMANENT RESIDENT

Chas. C. [Signature]

SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

SOCIAL SECURITY
[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR

[REDACTED]

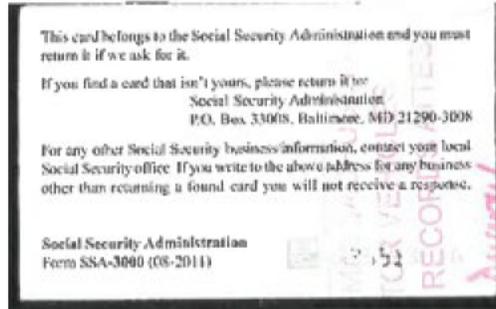
OFFICE OF MASSACHUSETTS
DEPARTMENT OF MOTOR VEHICLES
COPY OF THE RECORD

Chris C. Murray

SIGNATURE



07/30/2014



UNITED STATES OF AMERICA

PERMANENT RESIDENT

Surname

[REDACTED]

Given Name

[REDACTED]

USCIS#

[REDACTED]

Country of Birth

Sierra Leone

Sex

[REDACTED]

Card Expires:

12/11/15

Resident Since:

12/11/13

Category
CR6

Sex
M

Chris P. Dunning

REPUBLIC OF MASSACHUSETTS
OFFICE OF THE REGISTER
STATE HOUSE, 100 STATE STREET, 1ST FLOOR
BOSTON, MA 02133

I-551
Rev 02-16-09



ESSE
YAS
11/15
81

11

If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 548005, Lee's Summit, MO 64002-8005

MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
TRUE COPY OF THE RECORDS ATTEST



AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

COPIES OF THE RECORDS
SOCIAL SECURITY

Thomas C. Denny

THIS NUMBER HAS BEEN ESTABLISHED FOR

SIGNATURE



07/30/2014



Class D, M, or D/M License and ID Card Application

Please make your selection below. If you select one of the options from line 2, you must also select one of the options from line 3.
NOTE: Mass ID cards and Liquor ID cards cannot be converted from other states. Permits and Liquor ID cards cannot be renewed.

1 Learner's Permit Exam Reinstatement

2 License Mass ID Card Liquor ID Card Permit

3 Issuance Renewal Change of Information Duplicate Out-of-State Conversion

Fees are payable by Cash, Check, Money order, MasterCard, Visa, American Express or Discover. Go online to www.mass.gov for additional payment options.
If paying by check, make payable to "MassDOT." PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK

A IDENTIFICATION REQUIREMENTS

For most transactions, including license conversions, applicants over the age of 18 must present three forms of ID which include:
- Proof of date of birth - Proof of signature - Proof of Massachusetts residency
Applicants under 18 years of age must only provide proof of date of birth. The parent/guardian must sign the certification on the back of this application.

You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you.
If you do not have an SSN, an acceptable written denial notice (not more than 60 days old) from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status, an I-94, and a current non-U.S. Passport.

Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID card and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at www.mass.gov.

MA Assig# (prod#) License/ID/Permit Number License Class Social Security Number

S [redacted] D M D/M* [redacted]

*D & M permits require separate applications

B GENERAL INFORMATION

Last Name	First Name	Middle Name	Date of Birth	Sex	Height
[redacted]	[redacted]	[redacted]	[redacted]	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	5' 11"
Mailing Address (where you want us to send your Driver's License/ID card. Do not use a P.O. Box from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.			City/State	Zip Code	
[redacted]			[redacted]	02151	
				Zip Code	02151

C REQUIRED INFORMATION Questions 1-4 to be completed by all applicants. Questions 5-8 to be completed by License/Permit applicants only.

1. Yes No Do you want to be, or continue to be, registered as an organ & tissue donor?
If yes, the RMV will provide this information to federally-designated organ procurement organizations serving the Commonwealth, and will print this designation on your driver's license/ID card.
Applicants under age 18 need consent from a parent/guardian. Parent/Guardian Certification: I hereby certify that I give permission for the applicant named above to register as an organ or tissue donor.

Parent/Guardian Signature: _____

2. Yes No Are you an active duty member of the U.S. Armed Forces?

3. Yes No If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your license/ID? If you are not a veteran, check "No."
NOTE: If yes, proof of honorable discharge must be presented.

4. Yes No Are you currently licensed to drive in any state, country, or jurisdiction?
where? _____
class/type _____

5. Yes No In the past 10 years, have you held any class of driver's license in any other state, country, or jurisdiction?
If yes, where? Class of License License #
Ethiopia D
(within 30 days of previous name) (use additional pages if you need more space)

6. Yes No Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?
If yes, where? Exp. Date _____
If yes, why? _____
Note: If you answered yes, additional documentation may be required.

7. Yes No Do you have any medical condition that may affect your ability to safely operate a motor vehicle?
[The RMV's Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask an RMV Branch Representative for a summary of these standards or visit our website at www.mass.gov for the complete list of these standards.]

8. Yes No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?
Note: If you answered yes to question 7, or 8, an RMV Branch Representative must consult the Medical Affairs Branch (MAB).

D OUT-OF-STATE LICENSE/PERMIT CONVERSION to be completed by applicants converting an out-of-state license or permit

License/Permit Number	State	License/Permit Class	Expiration Date (month/day/year)	Issue Date (month/day/year)
[redacted]	[redacted]	<input checked="" type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> D/M <small>(License) (Permit) (Both)</small>	[redacted]	[redacted]

Your out-of-state license/permit must be surrendered to the RMV.

RMV USE ONLY:

Date: 1-2-15 Initial: [signature]

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or DM license and I authorize the RMV to process this transaction.

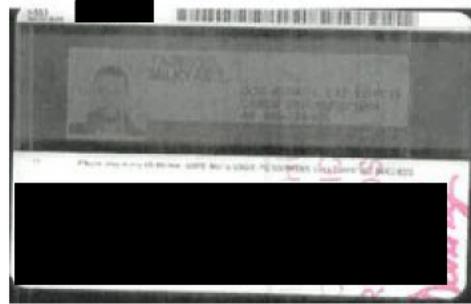
Customer Signature: [redacted]

30 cash



--- Please complete REQUIRED Voter Registration and SIGNATURE Section on reverse side --- 171042_0414

E	CHANGE OF INFORMATION If you change your address, you must notify the RMV within 30 days.		
	<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.		
	Last Name	First Name	Middle Name
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address.		
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address.		
<input type="checkbox"/> Check here if your gender designation has changed. Note: Additional documentation will be required. <input type="checkbox"/> Other			
Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Check here if your height has changed. Current height is ft. _____ in. _____			
F	PARENTAL CONSENT FOR MINOR; INFORMATION & CERTIFICATION OF PERSON PROVIDING CONSENT		
	This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaster of the Boarding School the applicant is attending.		
	To the Registrar, I hereby certify I am: (check one) <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> Massachusetts Child Guardian Division <input type="checkbox"/> boarding school headmaster		
	of the above-named applicant who is less than 18 years of age, but not less than 16 years of age, if applying for a Learner's Permit or Driver's License OR who is less than 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID). False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).		
	Parent/Guardian's Address: _____		
Parent/Guardian's Signature: _____		Printed Name: _____	
If the person giving consent IS NOT a parent, proper documentation of authority must be shown.			
G	VOTER REGISTRATION TO BE COMPLETED BY ALL APPLICANTS		
	To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.		
	1. Do you want to register to vote? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Check all that apply:	
	- Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	- Check "No" if you are currently registered to vote and do not want to change your voter registration	Will you be at least 18 years of age or older on or before Election Day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes," complete question #2 and read the Affirmation Section below.			
3. Please indicate party enrollment or political designation (check one).			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> No Party (unaffiliated)			
<input type="checkbox"/> Political Designation (not a political party): _____ <small>(Please enter designation.)</small>			
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT			
AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE			
If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; THAT YOU ARE A CITIZEN OF THE UNITED STATES; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.			
Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L. Chap. 56, Section 8).			
H	SIGNATURE OF APPLICANT (application not complete without signature)		
	Note: This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.		
	I have reviewed this completed Application Form, including the Voter Registration Section, and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. False statements are punishable by fine, imprisonment, or both (M.G.L. c 90 §24).		
	Signature: _____	Date: 1/2/15	
	The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card		
TURNING 21? RENEW ON OR AFTER YOUR 21ST BIRTHDAY TO RECEIVE A STANDARD HORIZONTAL LICENSE.			
OFFICIAL NOTICE:			
Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-83MEGAN.			
FOR CUSTOMER SERVICE:			
Contact our Phone Center at 857-368-8000 • Weekdays 9 a.m. - 5 p.m.			
Please visit our website for more information at: www.massrmv.com			
		 9012 - WALK - IN	





This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
 Social Security Administration
 P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business information, contact your local Social Security office. If you write to the above address, any business other than returning a found card you will not receive a response.

Social Security Administration
 Form SSA-3000 (08-2011)

VEHICLE RECORDS

Massachusetts Learner's Permit

Date of Birth: [Redacted] Expires: [Redacted] Sex: M Height: 6'00" Class: D S: [Redacted] Number: [Redacted]

Issued: 01-02-15

Signature: [Redacted]

Class - D: Small vehicle less than 26,001 lbs, except school bus.

Case C. J. [Redacted]

NOT VALID FOR IDENTIFICATION

Validation: *Celia J. Blum* Registrar
 9-65-2715-52

A 16395744

You did not register to vote today 01-02-2015

Restrictions and Statutory Limitations

The holder of a learner's permit may operate a motor vehicle upon any way when accompanied by an operator... licensed by his/her state of residence who is 21 years of age or over, who has had at least one year of driving experience, and who is designated as "not beside the driver" & holder who is under the age of 18 may not operate a motor vehicle between the hours of 12:00AM and 5:00AM unless accompanied by his/her parent or legal guardian who is a licensed operator with at least one year of driving experience and whose license or permit to operate is not revoked or suspended. The holder of a learner's permit may not operate in another state if it is a violation of that state's law. The holder of a motorcycle learner's permit (SC245 M) may not carry passengers and may not operate after sunset or before sunrise.

	Pass / Validate	Date	Fail	ID #	Date	Fail	ID #
1. Pre Trip			<input type="checkbox"/>			<input type="checkbox"/>	
2. Air Brake			<input type="checkbox"/>			<input type="checkbox"/>	
3. Forward & Back (Offset Alley)			<input type="checkbox"/>			<input type="checkbox"/>	
4. Parallel Park (Conventional)			<input type="checkbox"/>			<input type="checkbox"/>	
5. Parallel Park (Left Side)			<input type="checkbox"/>			<input type="checkbox"/>	
6. Alley Dock			<input type="checkbox"/>			<input type="checkbox"/>	
7. Road Test			<input type="checkbox"/>			<input type="checkbox"/>	

Only upon official validation of this section, this learner's permit shall become a driver's license for 30 days from the date of validation, subject to the class, endorsements, and restrictions noted on this document.
 License Validation Date: _____

VALIDATION: _____

RESTRICTIONS: _____

ADD _____ DELETE _____

Celia J. Blum Registrar

If you have not prepaid, you have 30 calendar days from the day you pass the road test to apply for a driver's license at an RMV branch; if you do not, you will have to take a new road test at your expense. It is illegal for you to drive if your permit expires prior to your obtaining a temporary license.



Class D, M, or D/M License and ID Card Application

Please make your selection below. If you select one of the options from line 2, you must also select one of the options from line 3.

NOTE: Mass ID cards and Liquor ID cards cannot be converted from other states. Permits and Liquor ID cards cannot be renewed.

Learner's Permit Exam Reinstatement

License Mass ID Card Liquor ID Card Permit

Issuance Renewal Change of Information Duplicate Out-of-State Conversion

Fees are payable by Cash, Check, Money order, MasterCard, Visa, American Express or Discover. Go online to www.mass.gov/dot for additional payment options. If paying by check, make payable to "MassDOT." PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK.

A IDENTIFICATION REQUIREMENTS

For most transactions, including license conversions, applicants over the age of 18 must present three forms of ID which include:

- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency

Applicants under 18 years of age must only provide proof of date of birth. The parent/guardian must sign the certification on the back of this application.

You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you. If you do not have an SSN, an acceptable written denial notice not more than 60 days old, from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status, an I-94, and a current non-U.S. Passport.

Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID card and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at www.mass.gov/dot.

MA License/ID/Permit Number: License Class: D M D/M* Social Security Number:

D & M permits require separate applications.

B GENERAL INFORMATION

Last Name	First Name	Middle Name	Date of Birth Month Day Year	Sex M F	Height Feet Inches
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State			Zip Code		
<input type="text"/>			<input type="text"/>		
City/State			Zip Code		
<input type="text"/>			<input type="text"/>		

C REQUIRED INFORMATION Questions 1-4 to be completed by all applicants. Questions 5-8 to be completed by License/Permit applicants only.

1. Yes No Do you want to be, or continue to be, registered as an organ & tissue donor?
If yes, the RMV will provide this information to federally designated organ procurement organizations serving the Commonwealth, and will print this designation on your driver's license/ID card. Applicants under age 18 need consent from a parent/guardian. Parent/Guardian Certification: I hereby certify that I give permission for the applicant named above to register as an organ or tissue donor.
Parent/Guardian Signature: _____

2. Yes No Are you an active duty member of the U.S. Armed Forces?

3. Yes No If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your license/ID? If you are not a veteran, check "No."
NOTE: If yes, proof of honorable discharge must be presented.

4. Yes No Are you currently licensed to drive in any state, country, or jurisdiction?
where? _____
license type _____

5. Yes No In the past 10 years, have you held any class of driver's license in any other state, country, or jurisdiction?
If yes, where? _____ Class of license _____ License # _____

6. Yes No Inform RMV of previous convictions from additional paper if you need more space. Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?
If yes, where? _____ Exp. Date _____
If yes, why? _____
Note: If you answered yes, additional documentation may be required.

7. Yes No Do you have any medical condition that may affect your ability to safely operate a motor vehicle?
(The RMV's Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask an RMV Branch Representative for a summary of these standards or visit our website at www.mass.gov/rmv for the complete list of these standards.)

8. Yes No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?
Note: If you answered yes to questions 7, or 8, an RMV Branch Representative will contact the Medical Affairs Branch (MAB).

D OUT-OF-STATE LICENSE/PERMIT CONVERSION to be completed by applicants converting an out-of-state license or permit

License/Permit Number	State	License/Permit Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> D/M <small>Passenger Motorcyclist Both</small>	Expiration Date (month/year)	Issue Date (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your out-of-state license/permit must be surrendered to the RMV.

RMV USE ONLY:

Date: 3/9/15 Initial: CM 85 C 117

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or DIM license and I authorize the RMV to process this transaction.

Customer Signature:

9011-WALK-IN

Please complete REQUIRED Voter Registration and SIGNATURE Section on reverse side

E	CHANGE OF INFORMATION If you change your address, you must notify the RMV within 30 days.		
	<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.		
	Last Name	First Name	Middle Name
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address.		
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address.		
<input type="checkbox"/> Check here if your gender designation has changed. Note: Additional documentation will be required. Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Other	
<input type="checkbox"/> Check here if your height has changed. Current height is ft. in.			
F	PARENTAL CONSENT FOR MINOR; INFORMATION & CERTIFICATION OF PERSON PROVIDING CONSENT		
	This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaster of the Boarding School the applicant is attending.		
	To the Registrar, I hereby certify I am: (check one) <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> Massachusetts Child Guardian Division <input type="checkbox"/> boarding school headmaster		
	of the above-named applicant who is less than 18 years of age, but not less than 16 years of age, if applying for a Learner's Permit or Driver's License OR who is less than 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID). False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).		
Parent/Guardian's Address:			
Parent/Guardian's Signature:		Printed Name:	
If the person giving consent is NOT a parent, proper documentation of authority must be shown.			
G	VOTER REGISTRATION to be completed by all applicants		
	To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.		
	1. Do you want to register to vote? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Check all that apply:
	• Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.		Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	• Check "No" if you are currently registered to vote and do not want to change your voter registration.		Will you be at least 18 years of age or older on or before Election Day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If you answered "no" to either of these questions, do not complete question #3. You are not eligible to register to vote at this time.			
If you answered "yes," complete question #2 and read the Affirmation Section below.			
3. Please indicate party enrollment or political designation (check one):			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> No Party (unenrolled)			
<input type="checkbox"/> Political Designation (not a political party): _____ <small>(Print desired designation)</small>			
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT			
AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE			
If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; THAT YOU ARE A CITIZEN OF THE UNITED STATES; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.			
Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L. Chap. 56, Section 8).			
H	SIGNATURE OF APPLICANT (application not complete without signature)		
	Note: This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.		
	I have reviewed this completed Application Form, including the Voter Registration Section, and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. False statements are punishable by fine, imprisonment, or both (M.G.L. c 90 §24).		
	Signature: <u>[Signature]</u>	Date: <u>3/9/15</u>	
The Registrar reserves the right to cancel, revoke, or reset, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.			
TURNING 21? RENEW ON OR AFTER YOUR 21ST BIRTHDAY TO RECEIVE A STANDARD HORIZONTAL LICENSE.			
OFFICIAL NOTICE: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MECAN.			
FOR CUSTOMER SERVICE: Contact our Phone Center at 857-368-8000 • Weekdays 9 a.m. - 5 p.m.			
Please visit our website for more information at: www.massrmv.com			
		 9012-WALK-IN	



Class D, M, or D/M License and ID Card Application

Please make your selection below. If you select one of the options from line 2, you must also select one of the options from line 3.
NOTE: Mass ID cards and Liquor ID cards cannot be converted from other states. Permits and Liquor ID cards cannot be renewed.

- Learner's Permit Exam Reinstatement
- License Mass ID Card Liquor ID Card Permit
- Issuance Renewal Change of Information Duplicate Out-of-State Conversion

Fees are payable by Cash, Check, Money order, MasterCard, Visa, American Express or Discover. Go online to www.mass.gov for additional payment options.
If paying by check, make payable to "MassDOT". PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK.

IDENTIFICATION REQUIREMENTS

For most transactions, including license conversions, applicants over the age of 16 must present three forms of ID which include:

- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency

Applicants under 18 years of age must only provide proof of date of birth. The parent/guardian must sign the certification on the back of this application.

You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you. If you do not have an SSN, an acceptable written social notice and more than 60 days old, from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status, an I-94, and a current non-U.S. Passport.

Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID card and the list of "Acceptable Forms of Identification" that may satisfy these requirements. This list is also on our website at www.mass.gov.

MA Assigned License/ID/Permit Number: [Redacted] License Class: **DD OM DD/M*** Social Security Number: [Redacted]

GENERAL INFORMATION

Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Date of Birth: [Redacted] Sex: M F Height: 6' [Redacted] inches

Working Address (Where you want us to send your Driver's License/ID card and future notices from the RMV): [Redacted] City/State: [Redacted] Zip Code: [Redacted]

Residential Address (Where you actually reside): [Redacted] City/State: [Redacted] Zip Code: [Redacted]

REQUIRED INFORMATION Questions 1-4 to be completed by all applicants. Questions 5-8 to be completed by License/Permit applicants only.

1. Yes No Do you want to be, or continue to be, registered as an organ & tissue donor? If yes, the RMV will provide this information to federally-designated organ procurement organizations serving the Commonwealth, and will print this designation on your driver's license/ID card. Applicants under age 18 need consent from a parent/guardian. Parent/Guardian Certification: I hereby certify that I give permission for the applicant named above to register as an organ or tissue donor.

2. Yes No Are you an active duty member of the U.S. Armed Forces?

3. Yes No If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your license/ID? If you are not a veteran, check "No." NOTE: If yes, proof of honorable discharge must be presented.

4. Yes No Are you currently licensed to drive in any state, country, or jurisdiction? where? ETHIOPIA class/type: D

5. Yes No In the past 10 years, have you held any class of driver's license in any other state, country, or jurisdiction? If yes, where? ETHIOPIA Class of License: D License # _____

6. Yes No Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction? If yes, where? _____ Exp. Date: _____ If yes, why? _____ Note: If you answered yes, additional documentation may be required.

7. Yes No Do you have any medical condition that may affect your ability to safely operate a motor vehicle? (The RMV's Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask an RMV Branch Representative for a summary of these standards or visit our website at www.mass.gov under the complete list of these standards.)

8. Yes No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? Note: If you answered yes to question 7, or 8, an RMV Branch Representative must conduct the Medical/Chain of Custody (M/C).

OUT-OF-STATE LICENSE/PERMIT CONVERSION to be completed by applicants converting an out-of-state license or permit

License/Permit Number: [Redacted] State: [Redacted] License/Permit Class: **DD OM DD/M** Expiration Date (month/year): [Redacted] Issue Date (month/year): [Redacted]

RMV USE ONLY:

Date: 8/3/10 Initial: [Signature]

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this transaction.

Customer Signature: [Redacted]



Please complete REQUIRED Voter Registration and SIGNATURE Section on reverse side.

T21042_1112

E	CHANGE OF INFORMATION If you change your address, you must notify the RMV within 30 days.	
	<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.	
	Last Name	First Name Middle Name
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address.	
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address.	
F	<input type="checkbox"/> Check here if your gender designation has changed. Note: Additional documentation will be required. <input type="checkbox"/> Other	
	Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Check here if your height has changed. Current height is ft. in.	
F	PARENTAL CONSENT FOR MINOR; INFORMATION & CERTIFICATION OF PERSON PROVIDING CONSENT	
	This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaster of the Boarding School the applicant is attending.	
	To the Registrar: I hereby certify I am (check one) <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> Massachusetts Child Guardian Division <input type="checkbox"/> boarding school headmaster	
	of the above-named applicant who is less than 18 years of age, but not less than 15 years of age, if applying for a Learner's Permit or Driver's License OR who is less than 17 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID). False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).	
Parent/Guardian's Address:		
Parent/Guardian's Signature:		
Printed Name:		
G	If the person giving consent is NOT a parent, proper documentation of authority must be shown.	
	VOTER REGISTRATION to be completed by all applicants	
	To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.	
	1. Do you want to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information. Check "No" if you are currently registered to vote and do not want to change your voter registration.	2. Check all that apply: Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will you be at least 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NOTE: If you answered "no" to either of these questions, do not complete question #3. You are not eligible to register to vote at this time.
	If you answered "yes," complete question #2 and read the Affirmation Section below.	
3. Please indicate party, enrollment or political designation (check one). <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Green-Rainbow <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party): _____ <small>(Print desired designation)</small>		
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT		
AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE		
If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; THAT YOU ARE A CITIZEN OF THE UNITED STATES; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.		
Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 55, Section 8).		
H	SIGNATURE OF APPLICANT (application not complete without signature)	
	Note: This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.	
	I have reviewed this completed Application Form, including the Voter Registration Section, and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. False statements are punishable by fine, imprisonment, or both (M.G.L. c 90 §24).	
	Signature: _____	Date: 9/3/14
The Registrar _____		
TURNING 21? RENEW ON OR AFTER YOUR 21ST BIRTHDAY TO RECEIVE A STANDARD HORIZONTAL LICENSE.		
OFFICIAL NOTICE: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-63MEGAN.		
FOR CUSTOMER SERVICE: Contact our Phone Center at 857-368-8000 - Weekdays 9 a.m. - 5 p.m. Please visit our website for more information at: www.massrmv.com		
 9012-WALK-IN		

RESPECTFULLY SUBMITTED,

WALKER, STEPHEN V.
TROOPER #2033, MSP
FRAUD IDENTIFICATION UNIT