From: Cote, Melanie R
To: DOL INT Fraud
Subject: Driver"s License Photo Request
Date: Tuesday, December 12, 2017 10:17:25 AM
Attachments: [redacted].pdf

Greetings from Vermont!

I am a Criminal Targeting Specialist assigned to the U.S. Immigration and Customs Enforcement (ICE), National Criminal Analysis and Targeting Center (NCATC) located in Williston, Vermont, working under the supervision of Unit Chief Karen Oates. Our primary mission is to identify and locate removable (deportable) aliens who may pose a threat to public safety and/or national security. We are conducting an investigation of the subject below for possible immigration violations. I have attached a formal request for a WA driver's license photo of the following subject:

[redacted]
DOB [redacted]
WA OLN: [redacted]

I had this email address on file to request photos from WA driver's license files in the past. If I have not reached the proper contact, could you provide me directions to where I should? Thank you very much for your assistance!

Sincerely,
Melanie R. Côté

Criminal Targeting Specialist
DHS/ICE/ERO/National Criminal Analysis and Targeting Center
426 Industrial Avenue Suite 170; Williston, VT
Mailing: PO Box 476; Williston, VT 05495
Office: 802-951-2261 Fax: 802-657-4680
Email: Melanie.R.Cote@ice.dhs.gov

Office of Enforcement and Removal Operations
National Criminal Analysis and Targeting Center

U.S. Department of Homeland Security
P.O.Box 476
Williston, VT 05495

U.S. Immigration and Customs Enforcement

December 12, 2017
Re: Request for Information

Dear Sir/Madam:

I am a Criminal Targeting Specialist assigned to the U.S. Immigration and Customs Enforcement (ICE), National Criminal Analysis and Targeting Center (ORI: VTICE1100) working under the supervision of Unit Chief Karen Oats. Our primary mission is to identify and locate removable aliens who may pose a threat to public safety and/or national security. I am conducting an investigation on the following subject for possible immigration violations; case number 206548304. The subject's information is as follows:

Subject: [redacted] 2b **DOB:** [redacted] 2b
WA OLN: [redacted] 2b, 2c

I am requesting assistance in obtaining a driver's license photo. Please return the requested photo by email to Melanie.R.Cote@ice.dhs.gov. If you have any questions, please do not hesitate to contact me at (802) 951-2261.

Sincerely,

Melanie Côté
Criminal Targeting Specialist

From: DOL INT Fraud
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Wednesday, December 13, 2017 7:59:36 AM
Attachments: [redacted] Card_Sig.pdf

Hi,

I app is old format that will have to be pulled and sent later.

Thank you

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 7:58 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL photo

To whom it may concern:

I would like to request a digital photo and address on the following individual, as well as a copy of any application for a DL this person may have submitted.

This information is needed to help identify the subject for apprehension and removal from the United States.

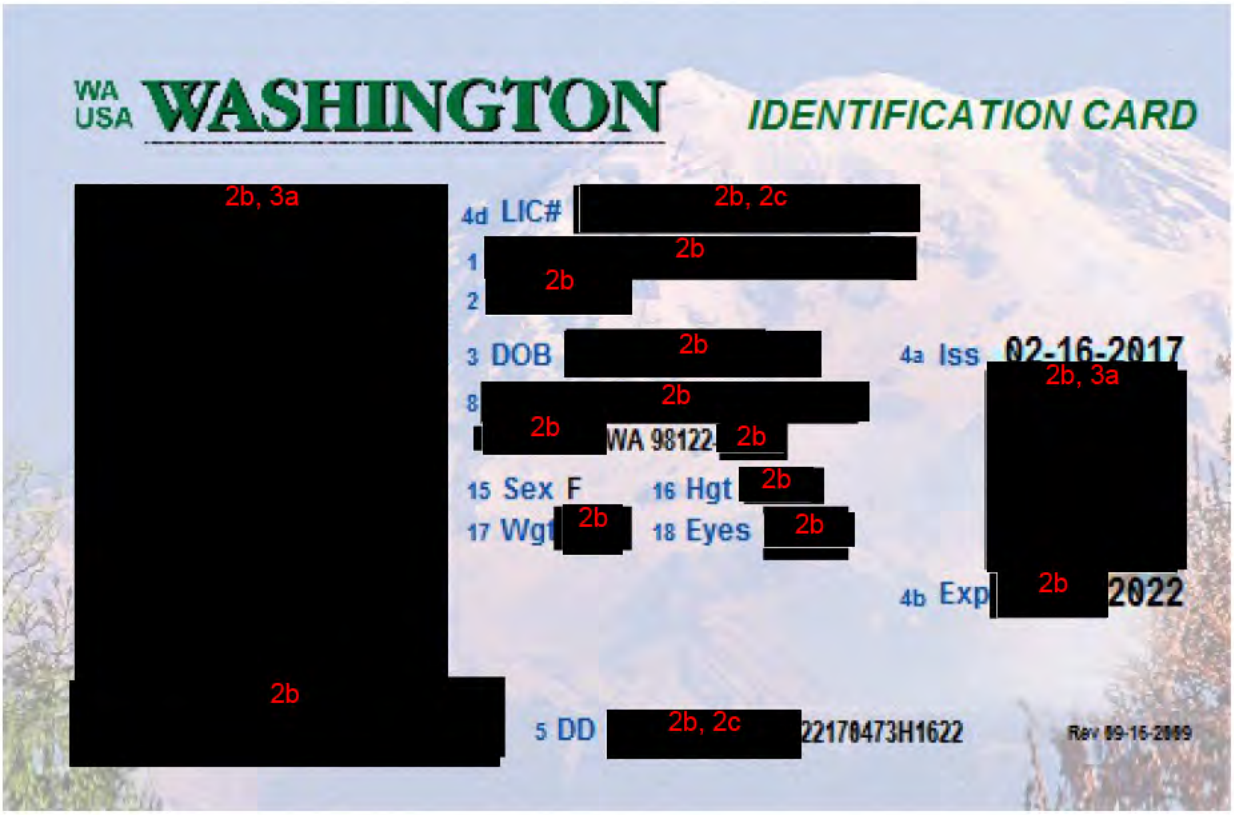
RE: 8 USC 1325
Name: [redacted]
PIC#: [redacted]
DOB: [redacted]

Thank you

Gabriel Martinez

Deportation Officer

ICE/ERO, Seattle Field Office
Non-Detained Section
12500 Tukwila International Blvd
Seattle, WA 98168
Office: 206-835-0650 / Fax: 206-835-0088

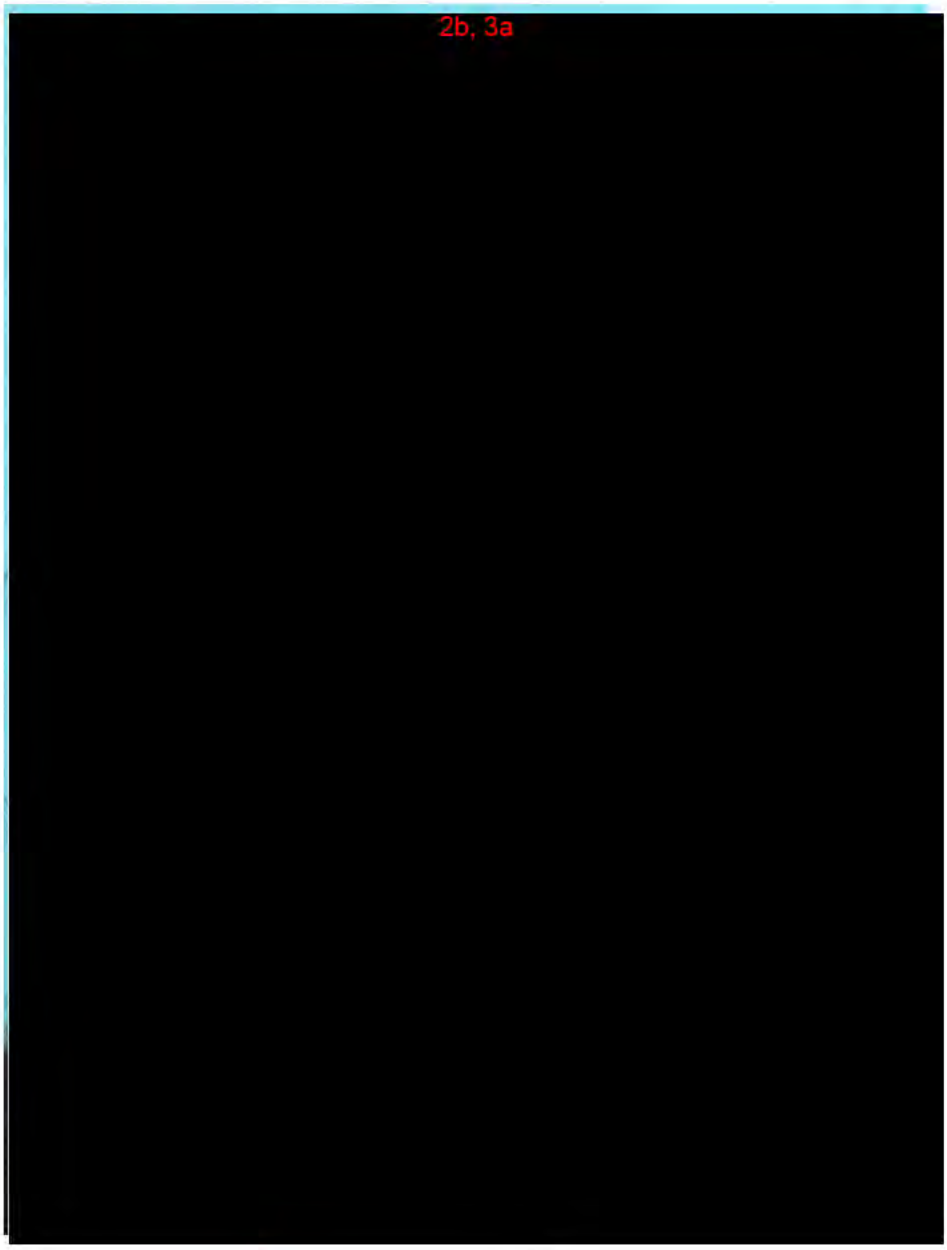


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **22170473H1622**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **02-16-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Wednesday, December 13, 2017 7:59:36 AM
Attachments: [redacted] Photo_Card_Sig.pdf

Hi,

I app is old format that will have to be pulled and sent later.

Thank you

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 7:58 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL photo

To whom it may concern:

I would like to request a digital photo and address on the following individual, as well as a copy of any application for a DL this person may have submitted.

This information is needed to help identify the subject for apprehension and removal from the United States.

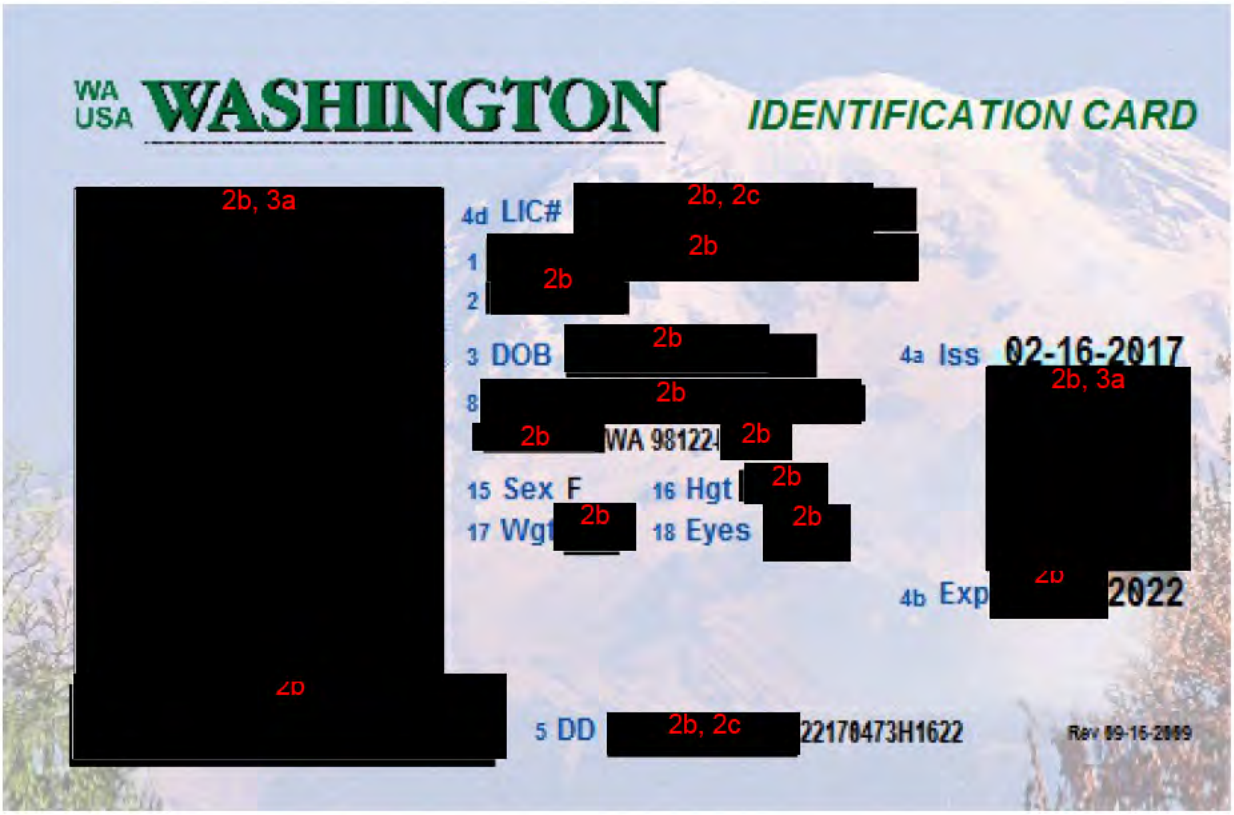
RE: 8 USC 1325
Name: [redacted]
PIC#: [redacted]
DOB: [redacted]

Thank you

Gabriel Martinez

Deportation Officer

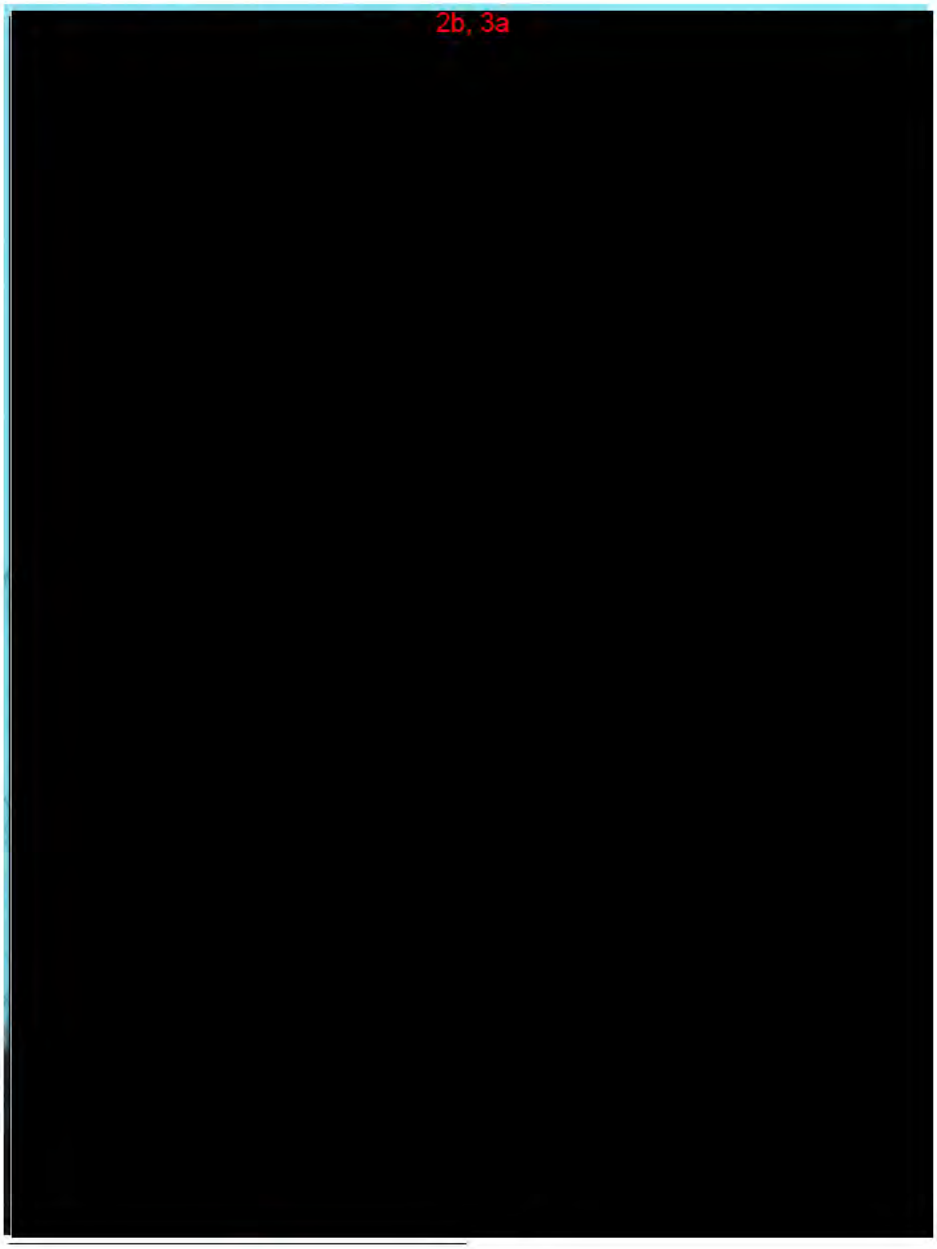
ICE/ERO, Seattle Field Office
Non-Detained Section
12500 Tukwila International Blvd
Seattle, WA 98168
Office: 206-835-0650 / Fax: 206-835-0088



No card back image for given document.

[redacted]

[redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **22170473H1622**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **02-16-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: McKean, Paul
To: Piper, Steven (DOL)
Subject: RE: Case# 17-0746
Date: Tuesday, December 12, 2017 1:54:34 PM
Attachments: 2b .docx

Hi Steve,

2b has no status to be in the country and has an order of removal waiting for him.

2b has used 2b as an alias.

Could I get the card views of both subjects, please?

Thanks,

Paul

From: Piper, Steven (DOL) [mailto:SPiper@DOL.WA.GOV]
Sent: Tuesday, December 12, 2017 12:29 PM
To: McKean, Paul
Subject: Case# 17-0746

Hi Paul,

I'm looking for the border crossing information and/or any information that could assist in verifying the true identity of an individual that I am looking into.

Name: 2b
DOB: 2b

Name: 2b
DOB: 2b

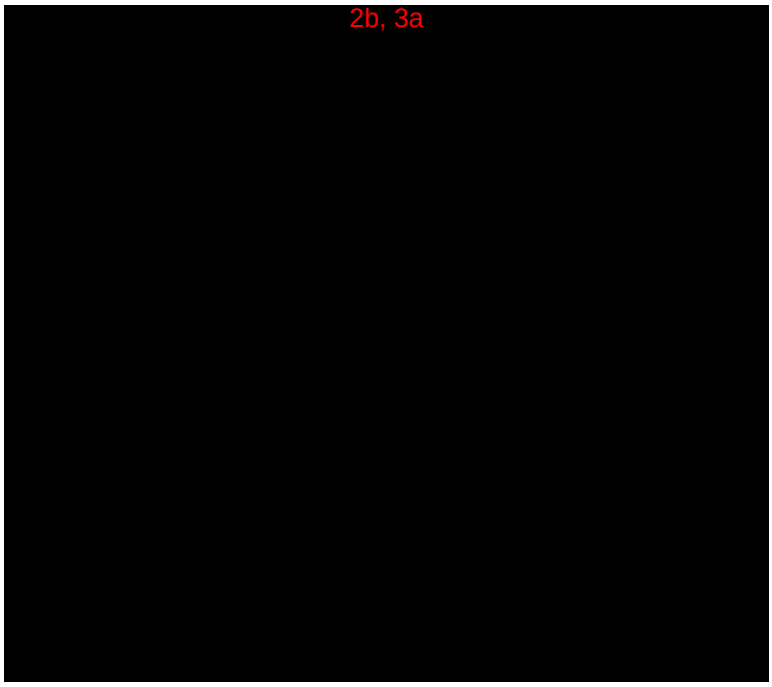
Any photos and/or information you're able to provide is helpful.

Thank you Paul!

Steve Piper

Investigator
Washington State Department of Licensing / License Integrity Unit
1125 Washington St SE, Olympia, WA 98501
PO Box 9029 / Olympia, WA 98507-9029
Desk: (360) 902-3694 / Main: (360) 902-3915 / fax: (360) 570-1246
www.dol.wa.gov

*This information is being provided to you in compliance with RCW 46.20.118 *



2b

DOB: 2b

Photo Taken: 6/19/2015

From: Piper, Steven (DOL)
To: "McKean, Paul"
Subject: RE: Case# 17-0746
Date: Tuesday, December 12, 2017 1:59:47 PM
Attachments: [redacted].pdf

Here you go Paul.

Steve Piper
Investigator
Washington State Department of Licensing / License Integrity Unit
1125 Washington St SE, Olympia, WA 98501
PO Box 9029 / Olympia, WA 98507-9029
Desk: (360) 902-3694 / Main: (360) 902-3915 / fax: (360) 570-1246
www.dol.wa.gov

From: McKean, Paul [mailto:Paul.W.McKean@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:54 PM
To: Piper, Steven (DOL) <SPiper@DOL.WA.GOV>
Subject: RE: Case# 17-0746

Hi Steve,

[redacted] has no status to be in the country and has an order of removal waiting for him.

[redacted] has used [redacted] as an alias.

Could I get the card views of both subjects, please?

Thanks,

Paul

From: Piper, Steven (DOL) [mailto:SPiper@DOL.WA.GOV]
Sent: Tuesday, December 12, 2017 12:29 PM
To: McKean, Paul
Subject: Case# 17-0746

Hi Paul,

I'm looking for the border crossing information and/or any information that could assist in verifying the true identity of an individual that I am looking into.

Name: [redacted]
DOB: [redacted]

Name: [redacted]
DOB: [redacted]

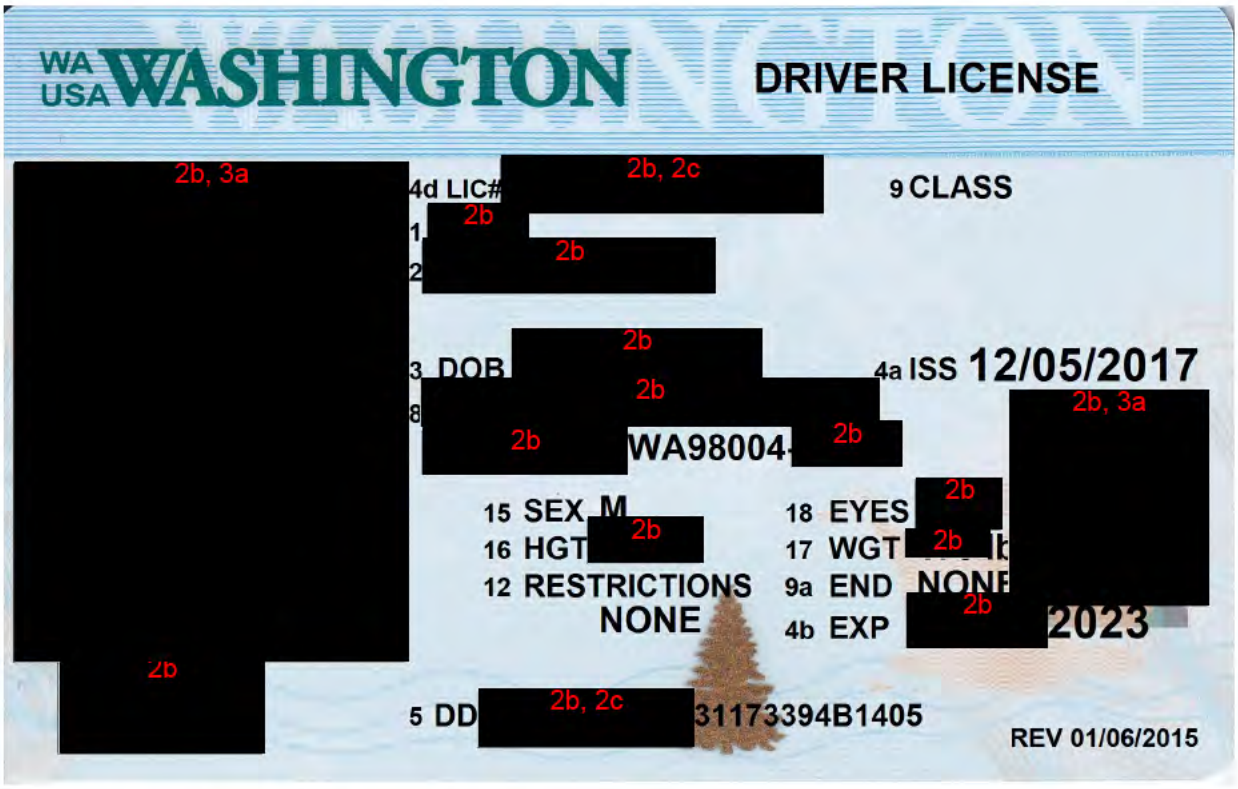
Any photos and/or information you're able to provide is helpful.

Thank you Paul!

Steve Piper

Investigator
Washington State Department of Licensing / License Integrity Unit
1125 Washington St SE, Olympia, WA 98501
PO Box 9029 / Olympia, WA 98507-9029
Desk: (360) 902-3694 / Main: (360) 902-3915 / fax: (360) 570-1246
www.dol.wa.gov

*This information is being provided to you in compliance with RCW 46.20.118 *

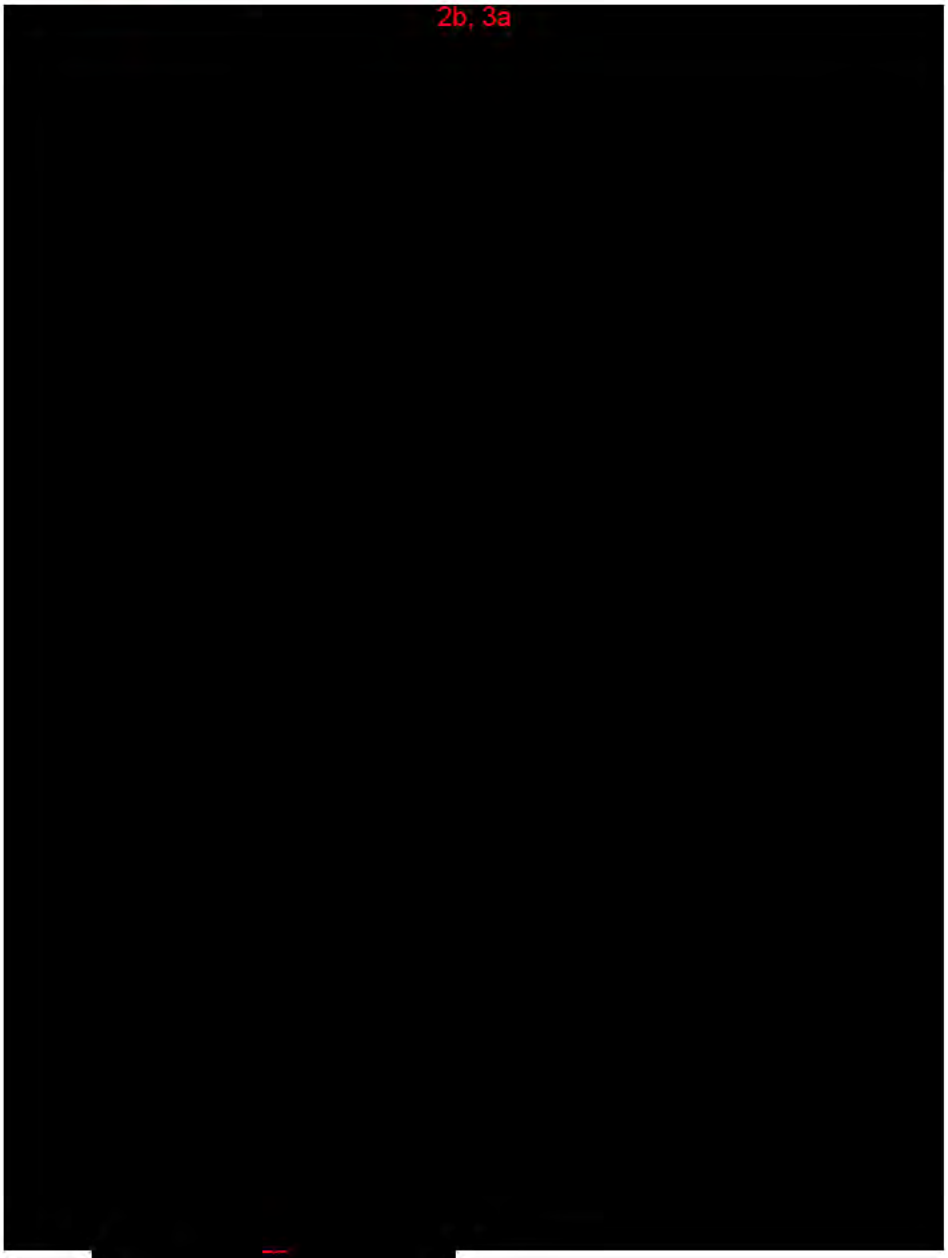


No card back image for given document.

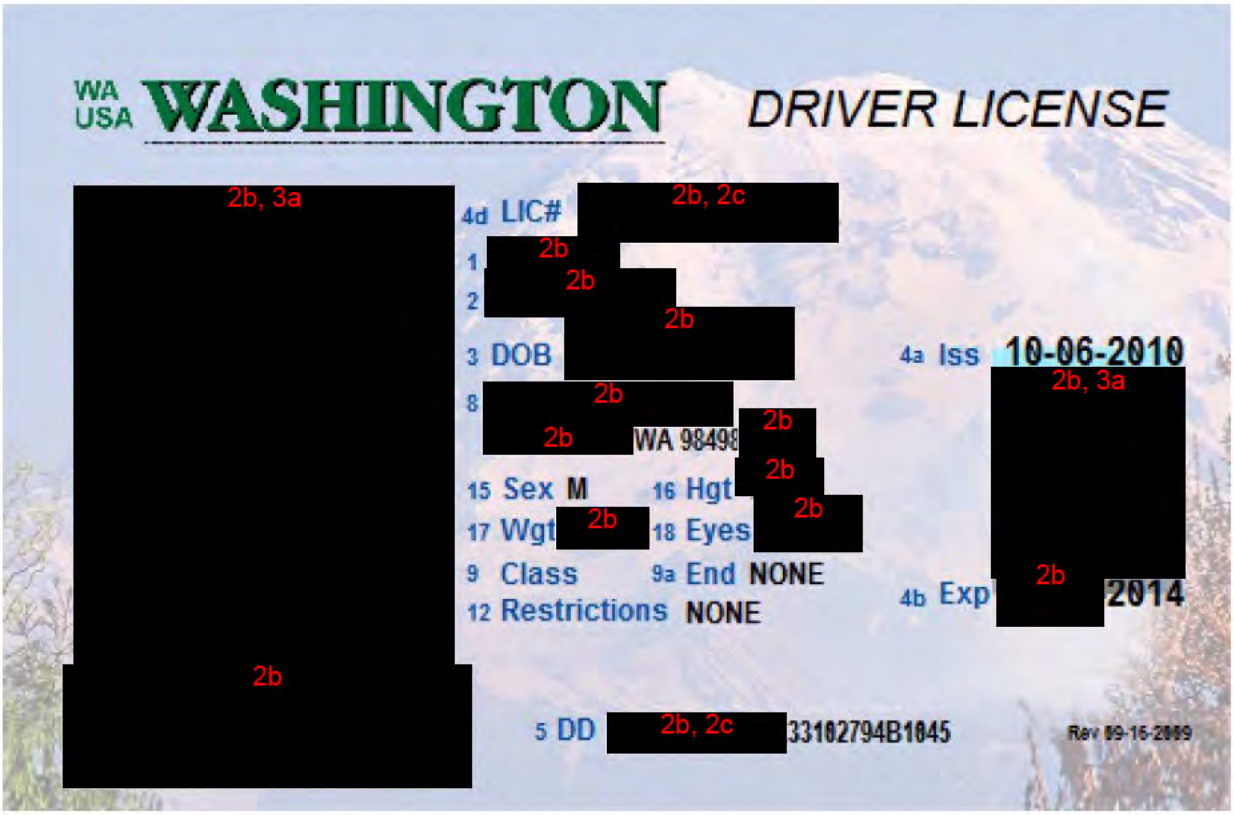
2b, 2c

2b

2b, 3a



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **31173394B1405**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **12-05-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Permanent Hold**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**



No card back image for given document.

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33102794B1045**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **10-06-2010**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Winkle, Michael T"
Subject: RE: DL Info request
Date: Wednesday, December 13, 2017 10:47:52 AM
Attachments: [redacted].pdf
Capture2.JPG

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: Winkle, Michael T [mailto:Michael.T.Winkle@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 10:45 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Info request

Good morning,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is in relation to an investigation in to the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

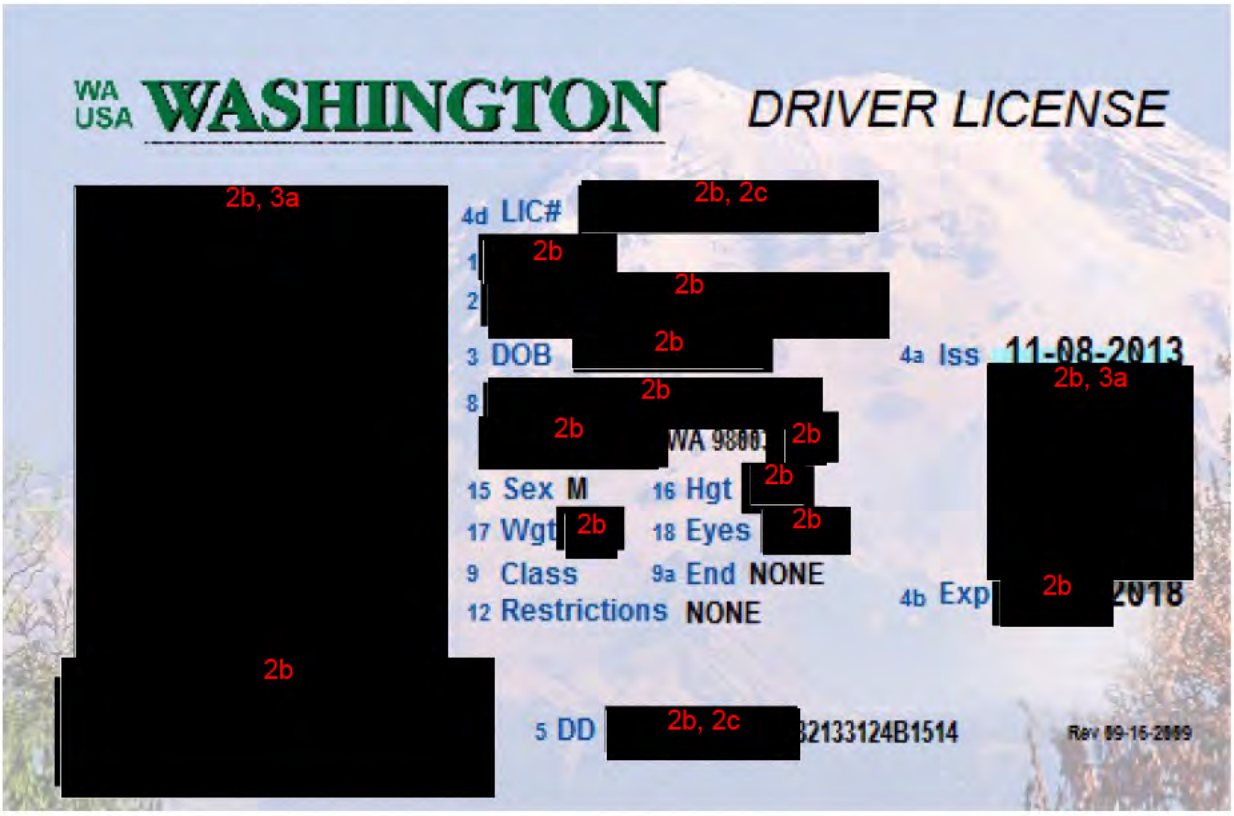
Have a great day!!!

Thank you,

Michael Winkle

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.

Seattle, WA 98168
Cell: 206-786-1499

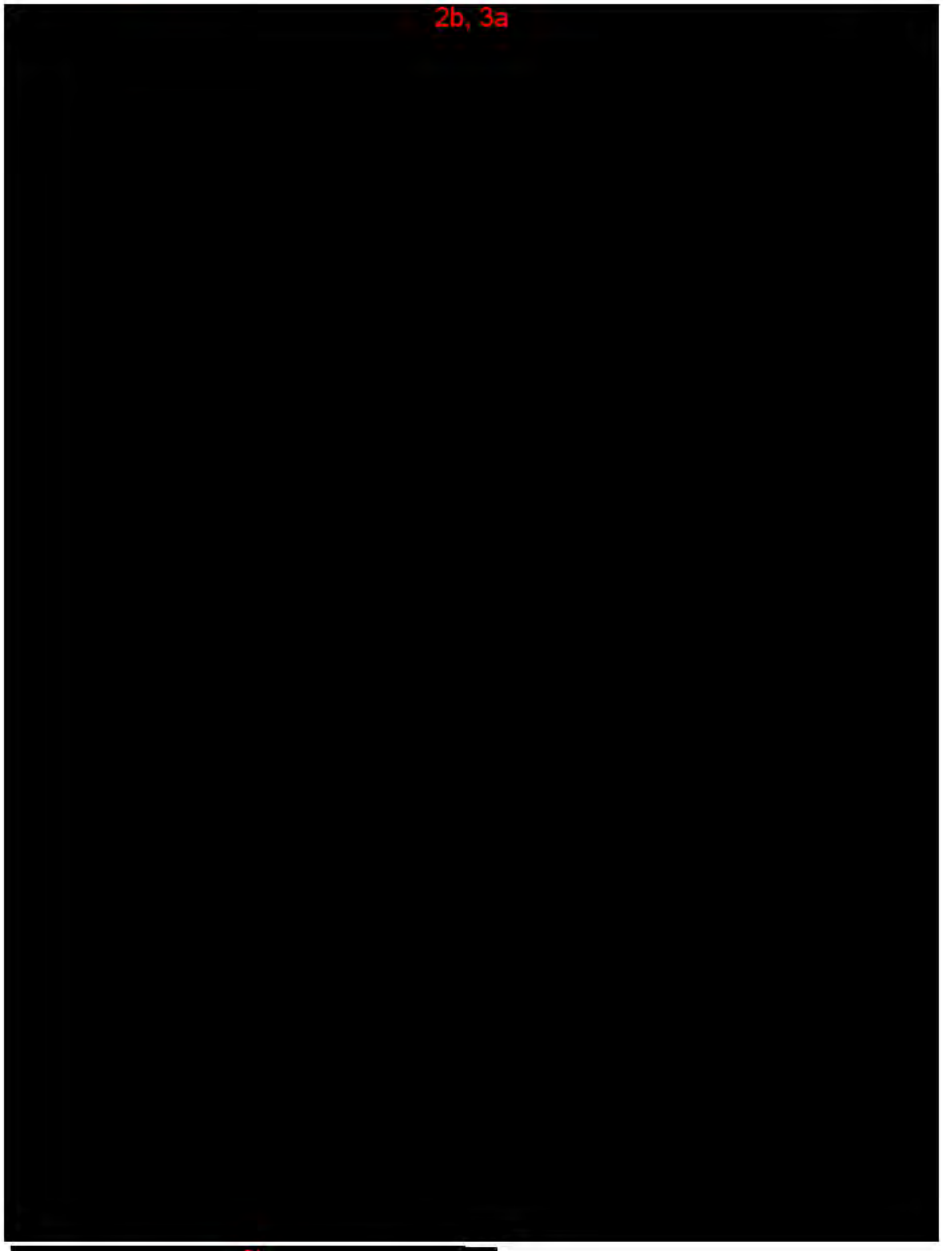


No card back image for given document.

[redacted]

[redacted]

[redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32133124B1514**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **11-08-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

[redacted]

[redacted]

State of Washington - Department of Licensing 1L T
Record of Application Application Number: 0416008401L 1L

Appl type: 31 Exam Fee #: C000003 Exam Fee Date: 09-08-2004 CTL #: 04172014102

Social Security #: [redacted] Expiration Date: [redacted] 08
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98198-0000 County: KING
Mail Addr: Mail City:
ST/Prov: Zip: Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birthplace: SAN LUIS POTOSI MX
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: [redacted]
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] WA ID
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNED _____ ADDRESS IF DIFFERENT _____

IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE: S1-002 06-08-2004 SO-050 06-08-2004 OR-088 06-08-2004 __-___ __-__-__

DRIVING: 094 06-18-2004 _____ __-__-__ _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST:

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS:
R1: R2:

I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct, that the identifying documents presented are valid, and that I have no other valid driver's license or instruction permit in my possession. I understand that by operation of a motor vehicle I am consenting to taking a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506.

LSR Emwem Daff (477) Signature [redacted]

Date: 6-18-04 Place of Signature: POULSBO

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Tuesday, December 12, 2017 2:25:25 PM
Attachments: Capture2.JPG
[redacted] Photo_Card_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:24 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Info request

Good afternoon,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is relation to an investigation for the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

Have a great day!!!

Thank you,

Taula Peter

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.
Seattle, WA 98168
Office: 206-835-0613

Cell: 206-280-1870

State of Washington - Department of Licensing 3G T
Record of Application Application Number: 0832416563G 3G

Appl type: 31 Exam Fee #: F000007 Exam Fee Date: 03-15-2010 CTL #: 1000936085

Social Security #: [redacted] Expiration Date: [redacted] 15
Name: [redacted] 2b Lic #: [redacted] 2b, 2c Military: NO
Res Addr: [redacted] 2b Res City: [redacted]
St: WA Zip: 98108 [redacted] 2b County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0[redacted] 2b Country: UNITED STATES
Gender: FEMALE Birthdate: [redacted] 2b Height: [redacted] 2b Weight: [redacted] 2b Eyes: [redacted] 2b
History: Birth City: MOYAHUA
Birth St/Prov: DISTRITO FEDERAL Birth Country: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted] 2b, 2c, 6c
Telephone: [redacted] 2b
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#: [redacted] 2b, 2c
Remarks:
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____
IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE:	SO-075	10-31-2009	SO-083	12-15-2009	__-___	__-__-__	__-___	__-__-__
DRIVING:	080	01-09-2010	_____	__-__-__	_____	__-__-__	_____	__-__-__

SCHEDULED DRIVE TEST:
RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS: EDL: NO
R1: R2:
Enhanced Card Application Status: Portfolio Status:

I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506

LSR _____ (378) Signatur [redacted] 2b

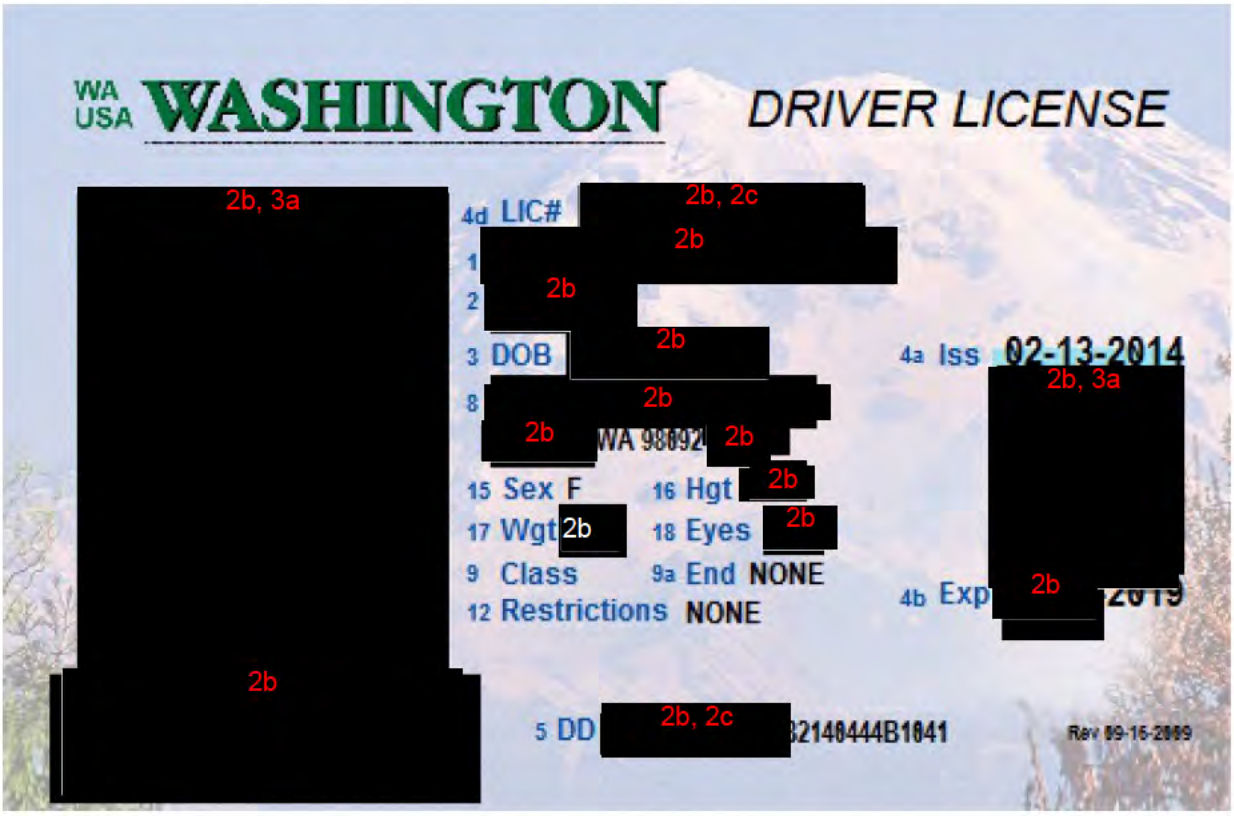
Date: 1-9-10 Place of Signature: RENTON

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131 [redacted] 2b 7154DL/D10009/DDLAP

2b, 2c

2b



No card back image for given document.

[redacted] [redacted]

[redacted]

[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32140444B1041**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRT [redacted]
ISSUE DATE: **02-13-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Tuesday, December 12, 2017 2:25:25 PM
Attachments: Capture2.JPG
[redacted] Photo_Card_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:24 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Info request

Good afternoon,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is relation to an investigation for the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

Have a great day!!!

Thank you,

Taula Peter

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.
Seattle, WA 98168
Office: 206-835-0613

Cell: 206-280-1870

State of Washington - Department of Licensing 3G T
Record of Application Application Number: 0832416563G 3G

Appl type: 31 Exam Fee #: F000007 Exam Fee Date: 03-15-2010 CTL #: 1000936085

Social Security #: [redacted]
Name: [redacted] 2b
Res Addr: [redacted]
St: WA Zip: 98108 [redacted] 2b
Mail Addr:
ST/Prov: Zip: 0- [redacted] 2b
Gender: FEMALE Birthdate: [redacted] 2b
History: Birth City: MOYAHUA
Birth St/Prov: DISTRITO FEDERAL Birth Country: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: [redacted] 2b
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#: [redacted] 2b, 2c
Remarks:

Expiration Date: [redacted] 2b - 15
Lic #: [redacted] 2b, 2c Military: NO
Res City: [redacted] 2b
County: KING
Mail City:
Country: UNITED STATES
Height: [redacted] 2b Weight: [redacted] 2b Eyes: [redacted] 2b

Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____

IDENTIFICATION: _____

ACUITY WITHOUT CORRECTION	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE:	SO-075 10-31-2009	SO-083 12-15-2009	__-___	__-__-__	__-___	__-__-__
DRIVING:	080 01-09-2010	_____ __-__-__	_____	__-__-__	_____	__-__-__

SCHEDULED DRIVE TEST:

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS: EDL: NO
R1: R2:
Enhanced Card Application Status: Portfolio Status:

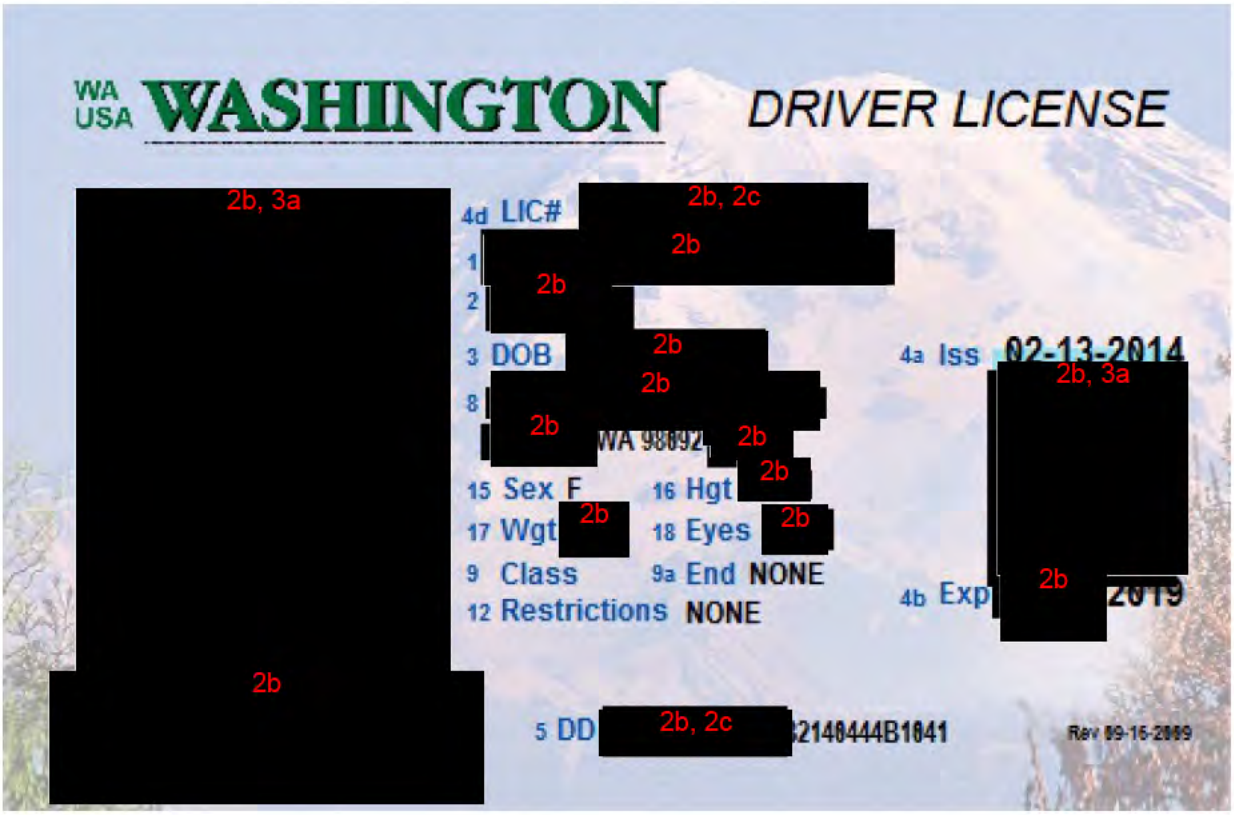
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506

LSR _____ (378) Signatur [redacted] 2b

Date: 1-9-10 Place of Signature: RENTON

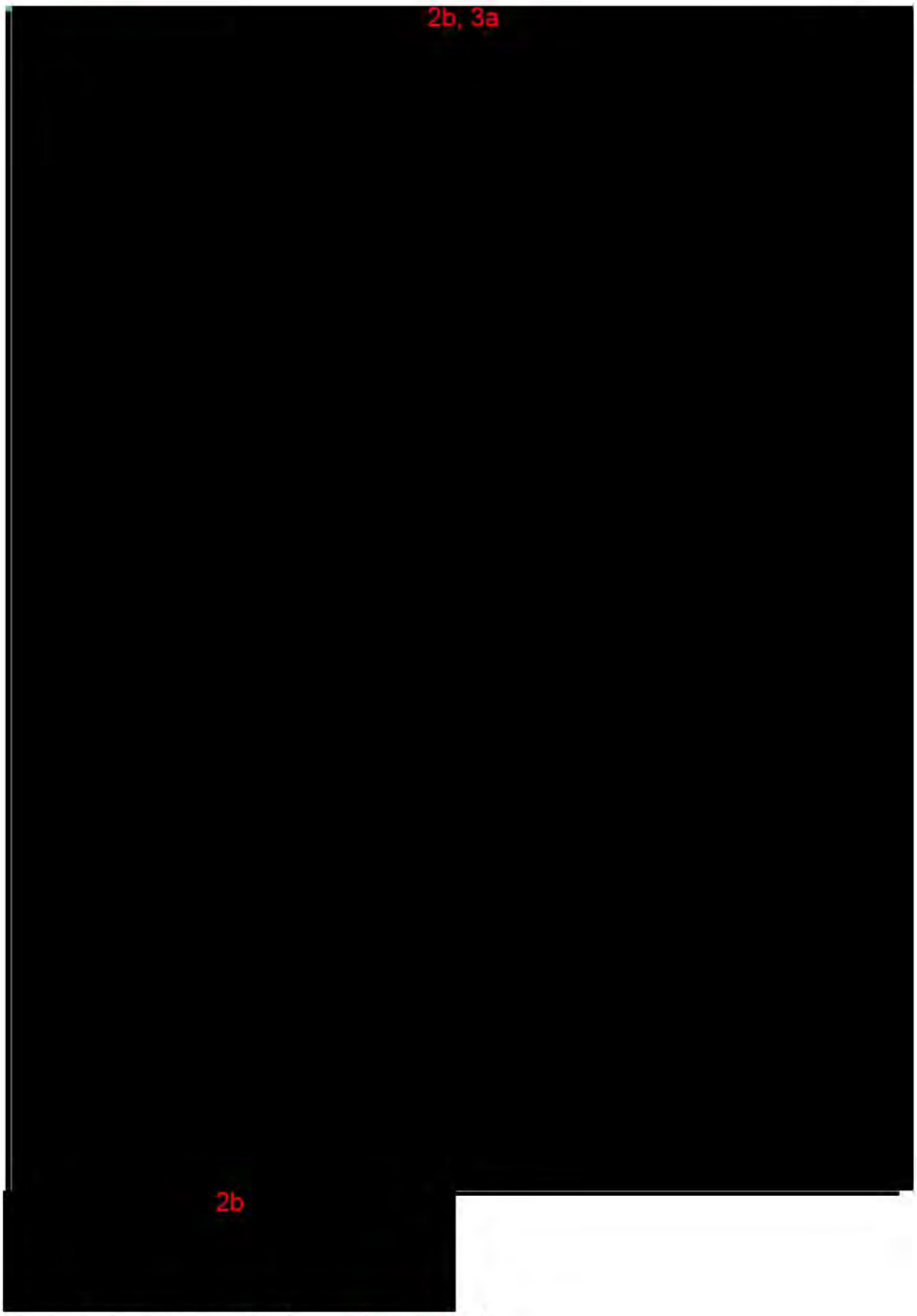
Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131 [redacted] 2b J154DL/D10009/DDLAP



No card back image for given document.

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NU[redacted]
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **02-13-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Tuesday, December 12, 2017 1:52:43 PM
Attachments: [redacted] _Photo_Card_Sig.pdf
Capture1.JPG

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:51 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Info request

Good afternoon,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is relation to an investigation for the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

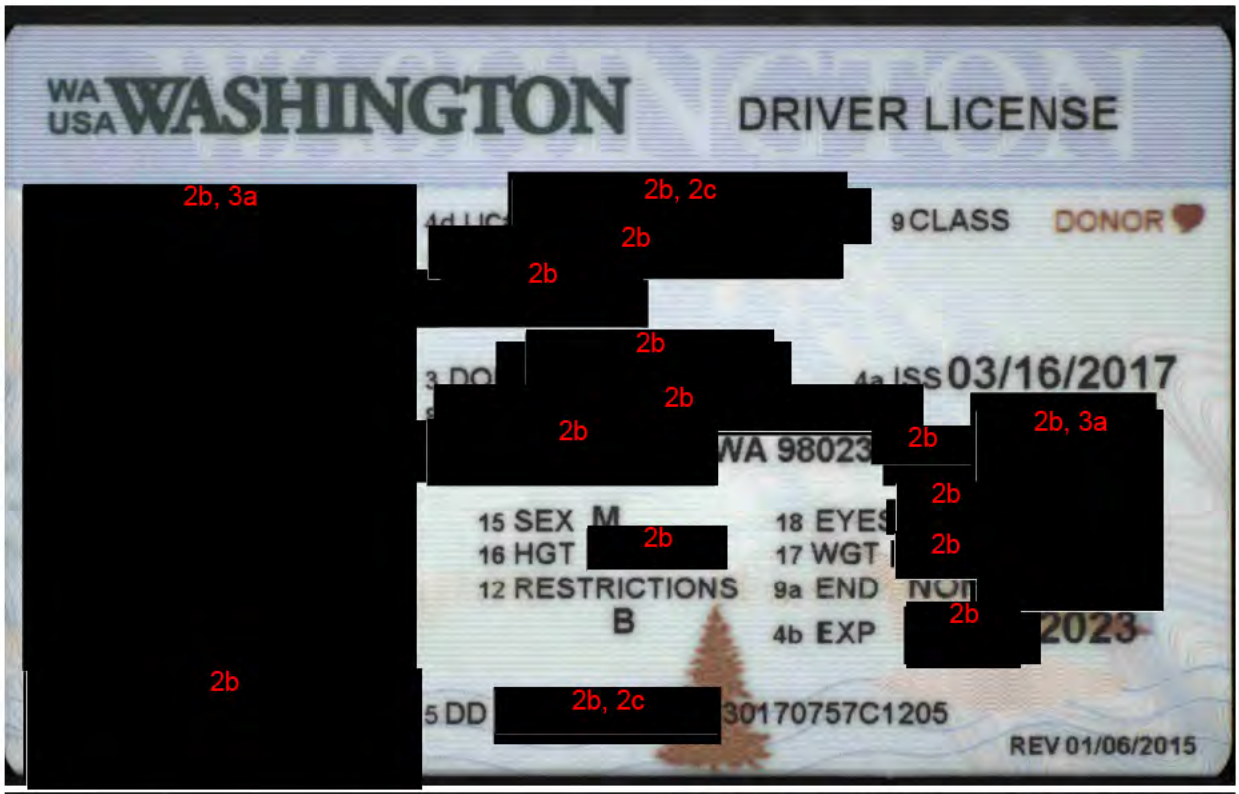
Have a great day!!!

Thank you,

Taula Peter

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.
Seattle, WA 98168
Office: 206-835-0613

Cell: 206-280-1870


WA USA WASHINGTON DRIVER LICENSE
2b, 3a
2b, 2c
2b
2b
9 CLASS
DONOR
2b
2b
2b
4a ISS 03/16/2017
2b, 3a
2b
WA 98023
2b
2b
15 SEX M
16 HGT
2b
18 EYES
17 WGT
2b
12 RESTRICTIONS
B
9a END
2b
4b EXP
2023
2b
5 DD
2b, 2c
30170757C1205
REV 01/06/2015


LICENSING
21 1706610302355301
2b
CLASS
ENDORSEMENTS:
NONE
RESTRICTIONS:
B-Corrective Lenses must be worn
2b
Please notify the Department of Licensing within 10 days of a change of address.

2b, 2c

2b

2b, 3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL N
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-16-2017**
MAILED DATE: **03-20-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **B**

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License, ID Card, or Permit Duplicate or Replacement Application

CTL #
Trans type PDL
Trans code 30

Social Security number – Required for child support enforcement. Kept on file. RCW 26.23.150	Driver license/ID number	Expiration date
[redacted]	[redacted] 2b, 2c	[redacted] 2b 2023

Last name [redacted] 2b

First name [redacted] 2b

Middle name [redacted] 2b | Suffix

Residence address [redacted] 2b

City	State	ZIP code	County
[redacted] 2b	WA	98023 [redacted] 2b	KING

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

Gender	Height	Weight	Eye color	Date of birth	(Area code) Telephone number	Email
☑ Male ☐ Female	[redacted] 2b	[redacted] 2b	[redacted] 2b	[redacted] 2b		

Are you a twin or triplet?				Organ donor
☐ Yes ☑ No	✓	✓	✓	☑ Yes ☐ No

Commercial class	Commercial learners permit
☐ A ☐ B ☐ C	☐ A ☐ B ☐ C

Endorsements	Restrictions
	PDL B Corrective Lenses

Previous name/date of birth/gender

Previous driver license/ID number	Gender	Date of birth
	☐ Male ☐ Female	

Last name

First name

Middle name | Suffix

Documentation

Issuing jurisdiction of documentation	Certificate or case number of documentation

Other names you have been known by (Last, First, Middle)

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I attest that this, my e-signature, is intended to certify and acknowledge my agreement to the terms of this and any additional driver license applications I am submitting as part of this transaction and that my e-signature will be applied to all such applications.

GDELAROSA 348 7C
Licensing service representative

Signature Not Required-
X **Offsite Issuance**
Applicant signature

03-16-2017 EPHRATA
Date and place signed

DLE-820-058 (R/10/16)CIS

/DCASE/D17075/DDUAP

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Tuesday, December 12, 2017 1:52:43 PM
Attachments: [redacted] Photo_Card_Sig.pdf
Capture1.JPG

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:51 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Info request

Good afternoon,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is relation to an investigation for the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

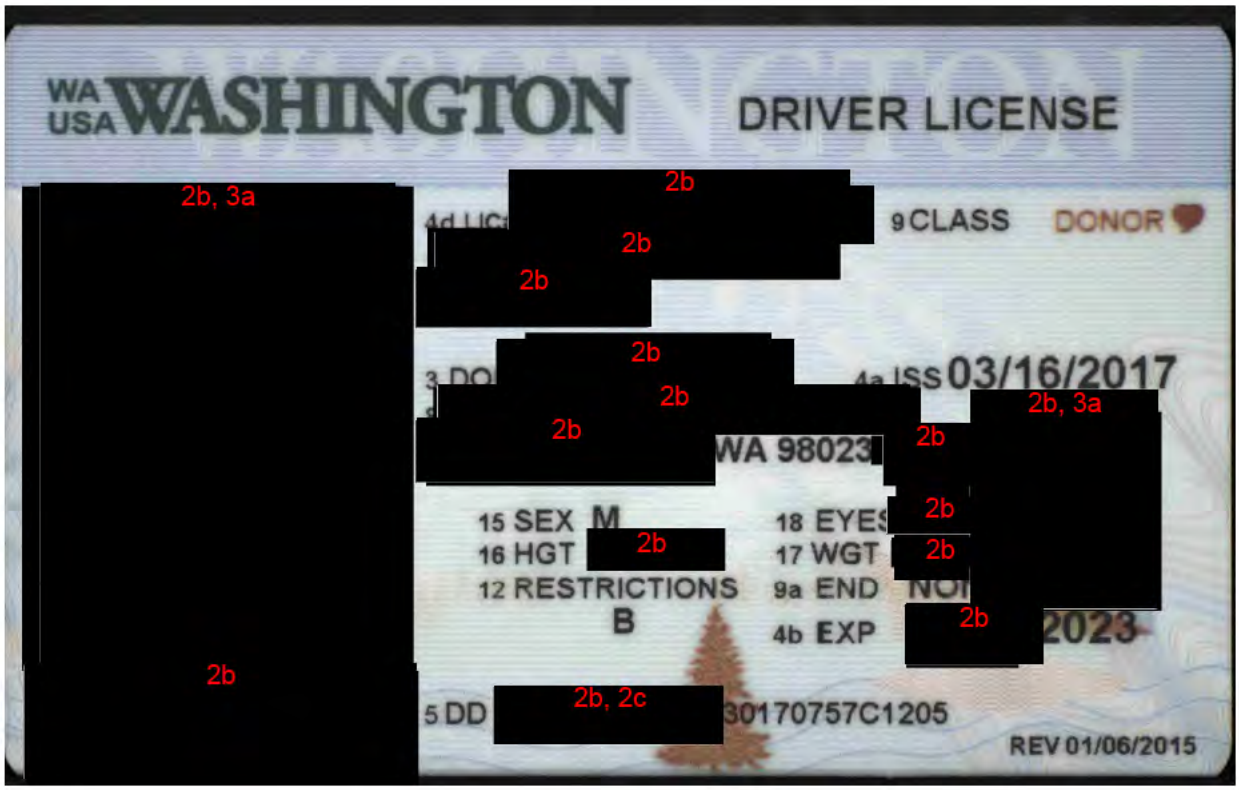
Have a great day!!!

Thank you,

Taula Peter

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.
Seattle, WA 98168
Office: 206-835-0613

Cell: 206-280-1870


WA USA WASHINGTON DRIVER LICENSE
2b, 3a
2b
9 CLASS
DONOR
4a ISS 03/16/2017
2b, 3a
WA 98023
15 SEX M
16 HGT
18 EYES
17 WGT
12 RESTRICTIONS
B
9a END
4b EXP
2023
5 DD
30170757C1205
REV 01/06/2015


LICENSING
21 1706610302355301
2b
CLASS
ENDORSEMENTS:
NONE
RESTRICTIONS:
B-Corrective Lenses must be worn
2b
Please notify the Department of Licensing within 10 days of a change of address.

2b, 2c

2b

2b, 3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **03-16-2017**
MAILED DATE: **03-20-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **B**

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License, ID Card, or Permit Duplicate or Replacement Application

CTL #
Trans type PDL
Trans code 30

Social Security number – Required for child support enforcement. Kept on file. RCW 26.23.150	Driver license/ID number	Expiration date
[redacted]	[redacted] 2b, 2c	[redacted] 2b 2023

Last name [redacted] 2b

First name [redacted] 2b

Middle name [redacted] 2b | Suffix

Residence address [redacted] 2b

[redacted] 2b | State WA | ZIP code 98023 [redacted] 2b | County KING

Mailing address (if different)

City | State/Province | ZIP code | Country UNITED STATES

Gender	Height	Weight	Eye color	Date of birth	(Area code) Telephone number	Email
☑ Male ☐ Female	[redacted] 2b	[redacted] 2b	[redacted] 2b	[redacted] 2b		

Are you a twin or triplet?				Organ donor
☐ Yes ☑ No	✓	✓	✓	☑ Yes ☐ No

Commercial class ☐ A ☐ B ☐ C | Commercial learners permit ☐ A ☐ B ☐ C

Endorsements

Restrictions: PDL B Corrective Lenses

Previous name/date of birth/gender

Previous driver license/ID number | Gender ☐ Male ☐ Female | Date of birth

Last name

First name

Middle name | Suffix

Documentation

Issuing jurisdiction of documentation | Certificate or case number of documentation

Other names you have been known by (Last, First, Middle)

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I attest that this, my e-signature, is intended to certify and acknowledge my agreement to the terms of this and any additional driver license applications I am submitting as part of this transaction and that my e-signature will be applied to all such applications.

GDELAROSA 348 7C
Licensing service representative

Signature Not Required- X Offsite Issuance
Applicant signature

03-16-2017 EPHRATA
Date and place signed

DLE-820-058 (R/10/16)CIS

/DCASE/D17075/DDUAP

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Tuesday, December 12, 2017 1:41:12 PM
Attachments: [redacted] pdf
[redacted] app.JPG

Here you go!

Tyler Provoe
CUSTOMER SERVICE SPECIALIST 2
LICENSE INTEGRITY UNIT
DEPARTMENT OF LICENSING
tprovoe@dol.wa.gov

"Skip a trip - go online"
www.dol.wa.gov

From: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:18 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Info request

Good afternoon,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is relation to an investigation for the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

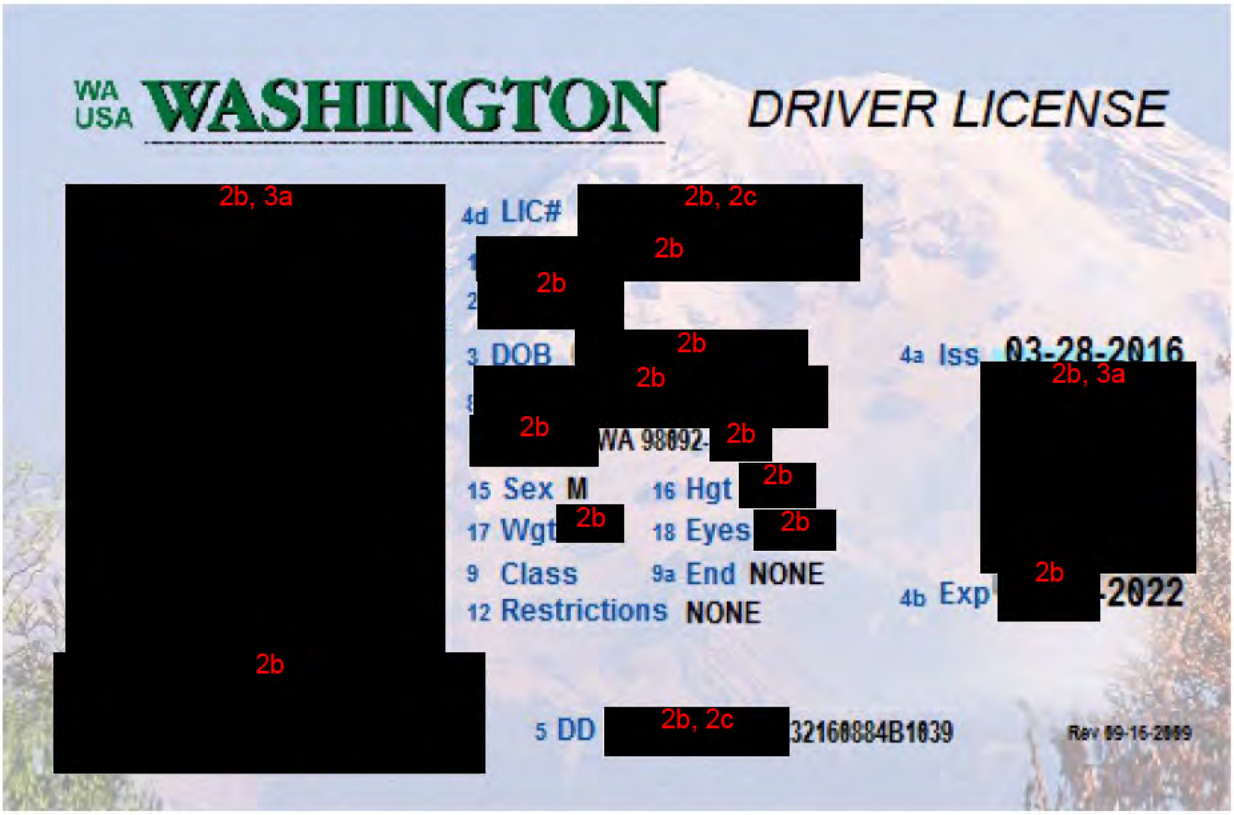
Have a great day!!!

Thank you,

Taula Peter

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.

Seattle, WA 98168
Office: 206-835-0613
Cell: 206-280-1870



No card back image for given document.

2b, 2c

2b

2b, 3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU
LAST NAME: 2b
FIRST NAME 2b
MIDDLE NAME 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

State of Washington - Department of Licensing 2I T
Record of Application Application Number: 0715912252I 2I

Appl type: 31 Exam Fee #: F000003 Exam Fee Date: 09-15-2007 CTL #: 07184211110

Social Security #: [redacted] Expiration Date: [redacted] -2011
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98108-0000 County: KING
Mail Addr: Mail City:
ST/Prov: Zip: Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birthplace: MOYUTA JUTIAPA,GUATEMALA
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: [redacted]
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#: CEDULA [redacted] ,GUATE DL [redacted] VLD,
Remarks: [redacted] GUAT [redacted] VLD,GUAT BC [redacted]
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____

IDENTIFICATION: QWEST PHONE BILL W/ADD _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE:	E9-074	06-09-2007	E0-001	06-12-2007	E1-073	06-12-2007	E5-083	06-15-2007
DRIVING:	084	06-15-2007	_____	__-__-__	_____	__-__-__	_____	__-__-__

SCHEDULED DRIVE TEST:

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS:
R1: R2:

I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506

LSR Marinda Cano (398) Signature [redacted]

Date: 7/3/7 Place of Sig

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131

From: DOL INT Fraud
To: "Winkle, Michael T"
Subject: RE: DL Info request
Date: Wednesday, December 13, 2017 10:47:52 AM
Attachments: [redacted].pdf
Capture2.JPG

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: Winkle, Michael T [mailto:Michael.T.Winkle@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 10:45 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Info request

Good morning,

I would like to request a digital photo and a copy of the individual's identification card or driver's license. The information is in relation to an investigation in to the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [redacted]

Thank you for your assistance with this matter.

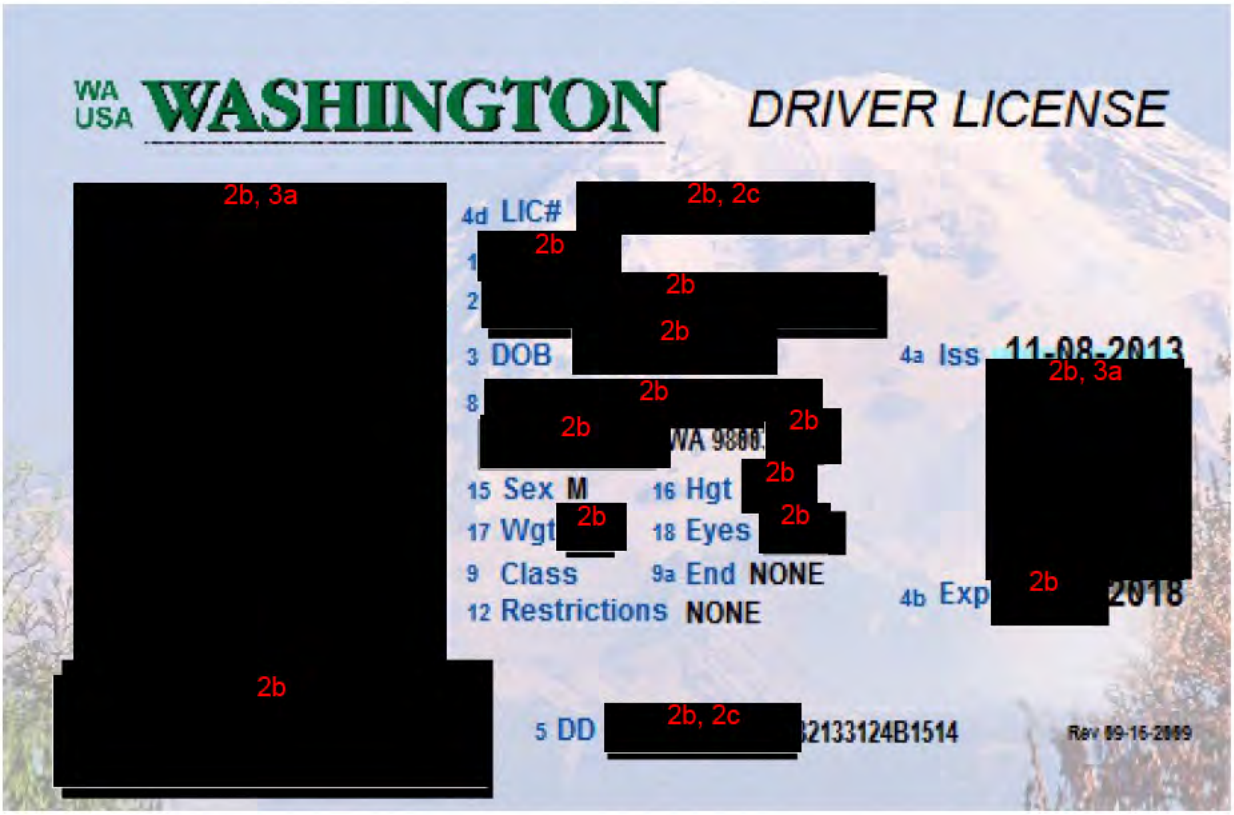
Have a great day!!!

Thank you,

Michael Winkle

Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.

Seattle, WA 98168
Cell: 206-786-1499

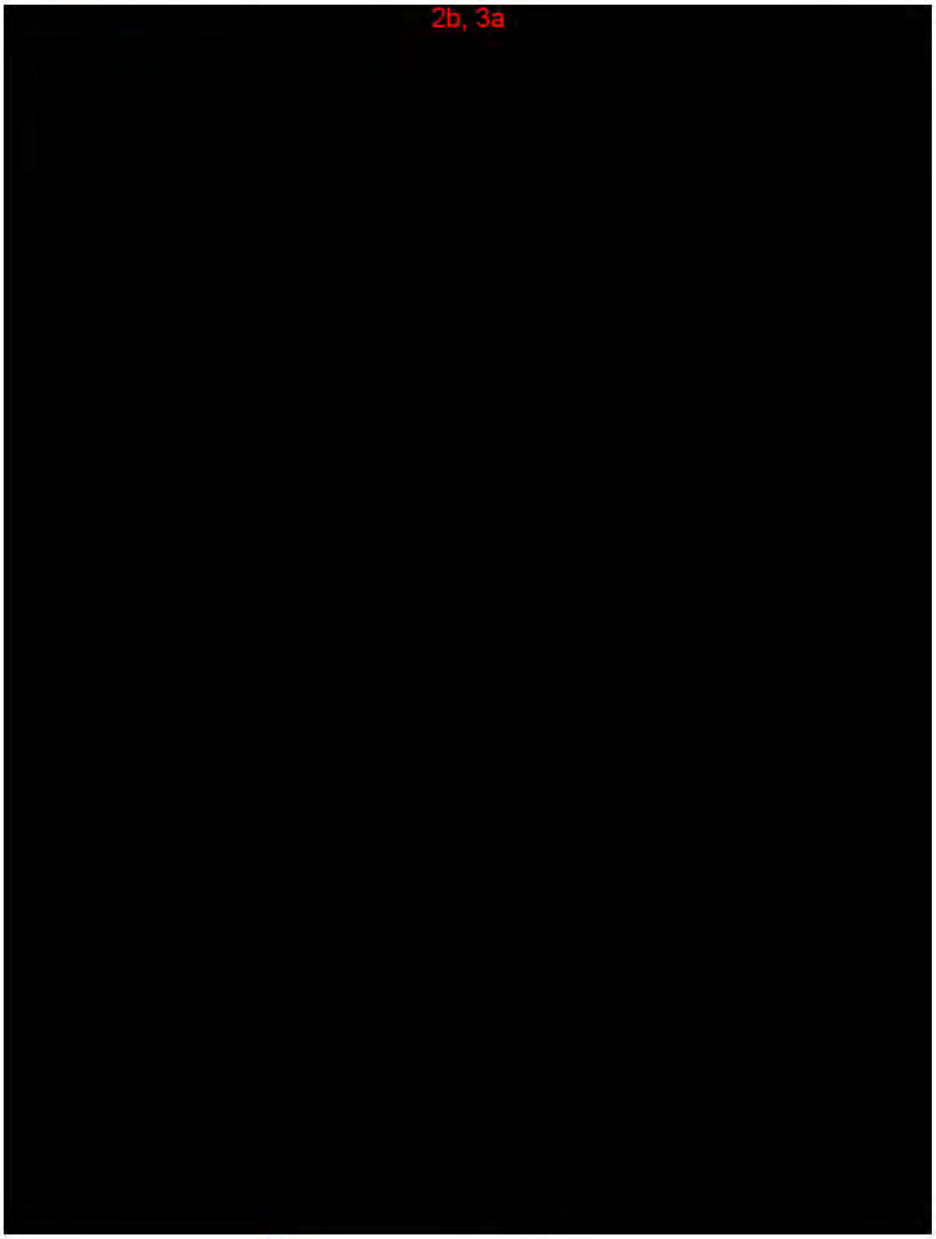


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

(PIC): 2b, 2c
CONTROL NUMBER: **321[illegible]124B1514**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME 2b
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **11-08-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

State of Washington - Department of Licensing 1L T
Record of Application Application Number: 0416008401L 1L

Appl type: 31 Exam Fee #: C000003 Exam Fee Date: 09-08-2004 CTL #: 04172014102

Social Security #: [redacted] Expiration Date: [redacted] 08
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98198-0000 County: KING
Mail Addr: Mail City:
ST/Prov: Zip: Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birthplace: SAN LUIS POTOSI,MX
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: [redacted]
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] WA ID
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNED _____ ADDRESS IF DIFFERENT _____

IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE: S1-002 06-08-2004 SO-050 06-08-2004 OR-088 06-08-2004 __-___ __-__-__

DRIVING: 094 06-18-2004 _____ __-__-__ _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST:

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS:
R1: R2:

I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct, that the identifying documents presented are valid, and that I have no other valid driver's license or instruction permit in my possession. I understand that by operation of a motor vehicle I am consenting to taking a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506.

LSR Emwem Daff (477) Signature [redacted]

Date: 6-18-04 Place of Signature: POULSBO

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131

From: DOL INT Fraud
To: "Gillie, Thomas P"
Subject: RE: DL Photo Request
Date: Tuesday, December 12, 2017 10:23:28 AM
Attachments: [redacted] _Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

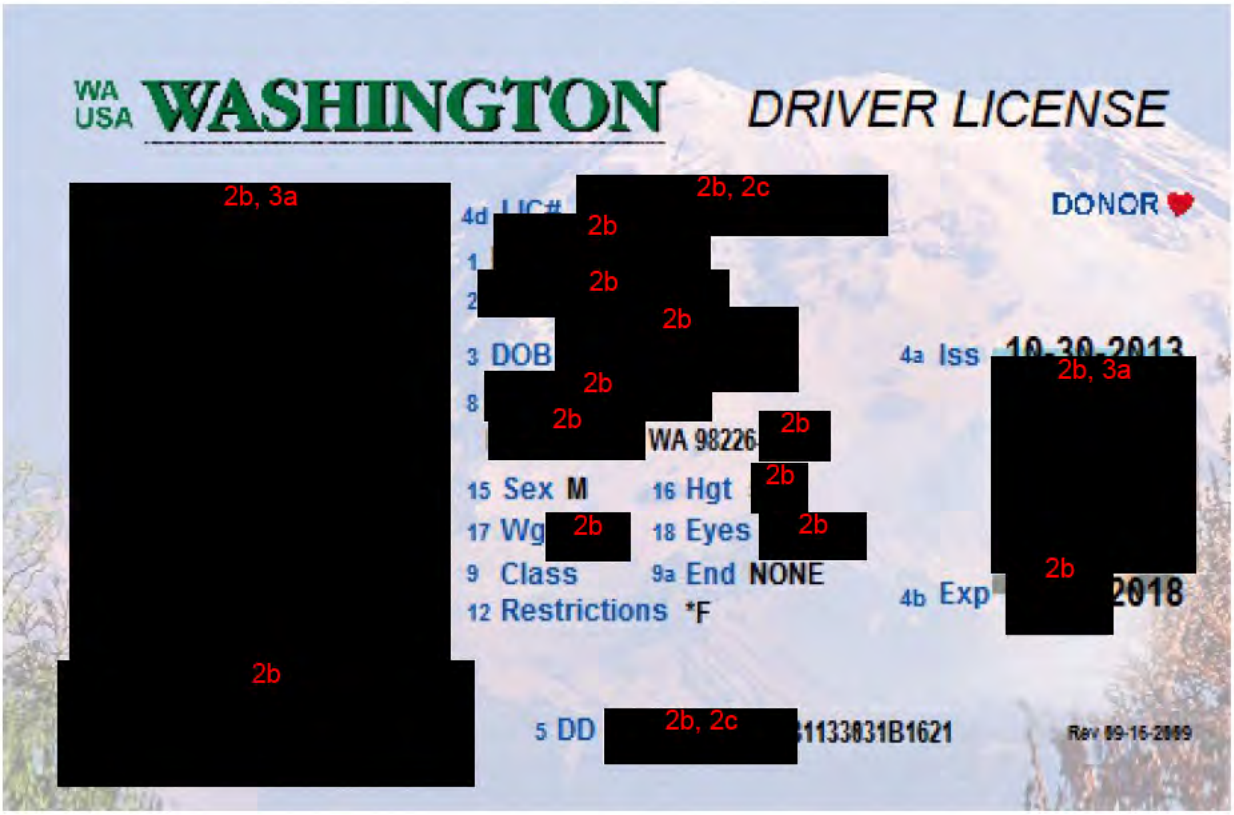
From: Gillie, Thomas P [mailto:Thomas.P.Gillie@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 10:19 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Photo Request

Pursuant to an official child exploitation investigation 18 USC 2422, Homeland Security Investigations is requesting a current WA Driver's License photo for the following individual(s):

NAME: [redacted]
DOB: [redacted]
WADL: [redacted]

Thank you

Thomas Gillie
Computer Forensics Analyst
Homeland Security Investigations
808 Harrison Ave | Blaine, WA 98230
PH: (360) 332-6725 x838



No card back image for given document.

2b, 2c

2b

2b, 3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU 33031B1621
LAST NAME: 2b
FIRST NAME 2b
MIDDLE NAME
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **10-30-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: *** F**

From: allison.florence@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: DOL application and photo request
Date: Tuesday, December 12, 2017 2:39:34 PM

Thank you!

--- Originally sent by fraud@dol.wa.gov on Dec 12, 2017 2:20 PM ---

Here you go

Chris Pollick

Support Enforcement Technician

Licensing Integrity Unit

DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"

www.dol.wa.gov

From: Florence, Allison [mailto:Allison.Florence@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:15 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DOL application and photo request

Greetings,

Please send DL photo(s), license image(s), (both large format and driver license card format), and applications for the following individual(s):

PIC: [redacted] ([redacted]) DOB [redacted]

Justification for request:

Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation (8 USC 1325 and/or 1326) of possible violations of the Immigration and Nationality Act by the aforementioned individuals. Thanks.

Thanks,

Allison Florence

Deportation Officer

ICE Enforcement and Removal Operations

Seattle Field Office

12500 Tukwila International Blvd.

Seattle, WA 98168

Cell:(206) 786-6954

Secured by **Trustwave**® and **ZixCorp**®

From: DOL INT Fraud
To: "Florence, Allison"
Subject: RE: DOL application and photo request
Date: Tuesday, December 12, 2017 2:19:36 PM
Attachments: [redacted].pdf
image001.png
Capture2.JPG
[redacted].pdf

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: Florence, Allison [mailto:Allison.Florence@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:15 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DOL application and photo request

Greetings,

Please send DL photo(s), license image(s), (both large format and driver license card format), and applications for the following individual(s):

PIC: [redacted] ([redacted] DOB: [redacted]

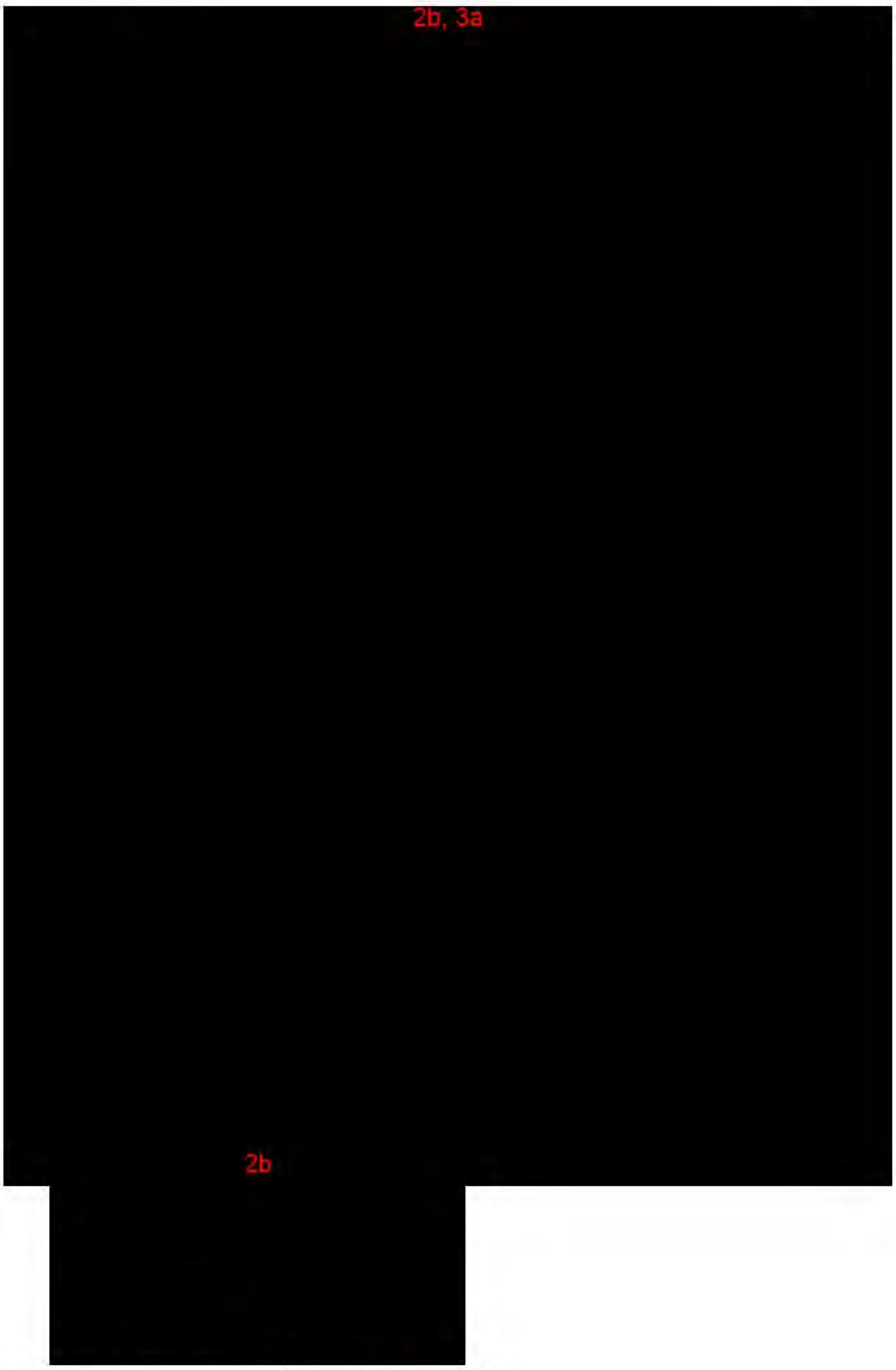
Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation (8 USC 1325 and/or 1326) of possible violations of the Immigration and Nationality Act by the aforementioned individuals. Thanks.

Thanks,

Allison Florence
Deportation Officer
ICE Enforcement and Removal Operations
Seattle Field Office
12500 Tukwila International Blvd.

Seattle, WA 98168
Cell:(206) 786-6954

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: [redacted]
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX: [redacted]
DATE OF BIRTH: [redacted]
ISSUE DATE: **09**
PRODUCTION STATUS: **Mailed to Customer**


ICE
U S
OFFICER

State of Washington - Department of Licensing 3D T
Record of Application Application Number: 0719110173D 3D

Appl type: 31 Exam Fee #: F000010 Exam Fee Date: 11-23-2007 CTL #: 072223D 11L

Social Security #: [redacted] Expiration Date: [redacted]-2012
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98003-[redacted] County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birthplace: PUEBLA,MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone:
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] WA ID EXP [redacted]
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____

IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE: SO-071 07-16-2007 SO-074 07-17-2007 SO-073 07-20-2007 S7-080 08-16-2007
DRIVING: 077 08-23-2007 082 09-19-2007 _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST: 431 09-19-2007 3D
RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS:
R1: R2:

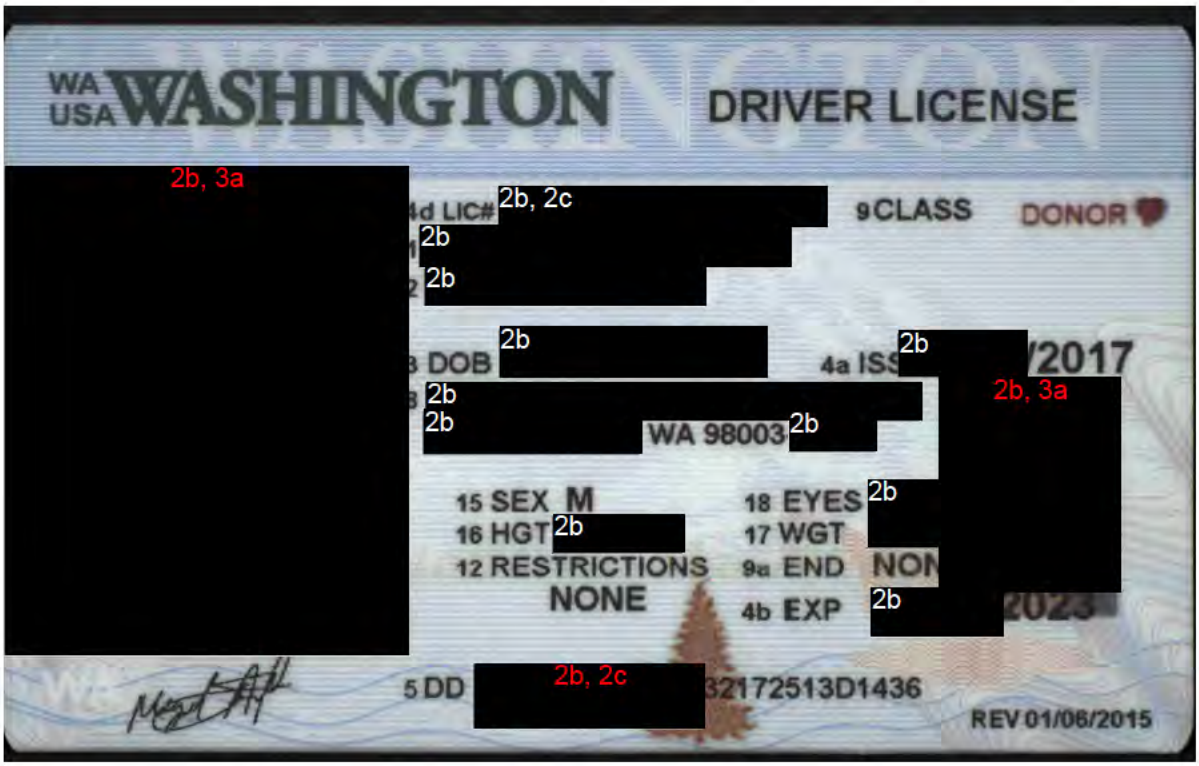
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506

LSR 01 (505) Signature [redacted]
Date: 9-19-07 Place of Signature: KENT

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).
DFS 131

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32172513D1436**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-08-2017**
MAILED DATE: **09-12-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

From: allison.florence@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: DOL application and photo request
Date: Tuesday, December 12, 2017 2:39:34 PM

Thank you!

--- Originally sent by fraud@dol.wa.gov on Dec 12, 2017 2:20 PM ---

Here you go

Chris Pollick

Support Enforcement Technician

Licensing Integrity Unit

DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"

www.dol.wa.gov

From: Florence, Allison [mailto:Allison.Florence@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:15 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DOL application and photo request

Greetings,

Please send DL photo(s), license image(s), (both large format and driver license card format), and applications for the following individual(s):

PIC: [redacted] ([redacted] DOB: [redacted]

Justification for request:

Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation (8 USC 1325 and/or 1326) of possible violations of the Immigration and Nationality Act by the aforementioned individuals. Thanks.

Thanks,

Allison Florence

Deportation Officer

ICE Enforcement and Removal Operations

Seattle Field Office

12500 Tukwila International Blvd.

Seattle, WA 98168

Cell:(206) 786-6954

Secured by **Trustwave**® and **ZixCorp**®

From: DOL INT Fraud
To: "Weekes, Rodney"
Subject: RE: D/L Photo Request
Date: Tuesday, December 12, 2017 12:16:41 PM
Attachments: [redacted] Photo_Card_Sig.pdf
[redacted] Photo_Card_Sig.pdf
[redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

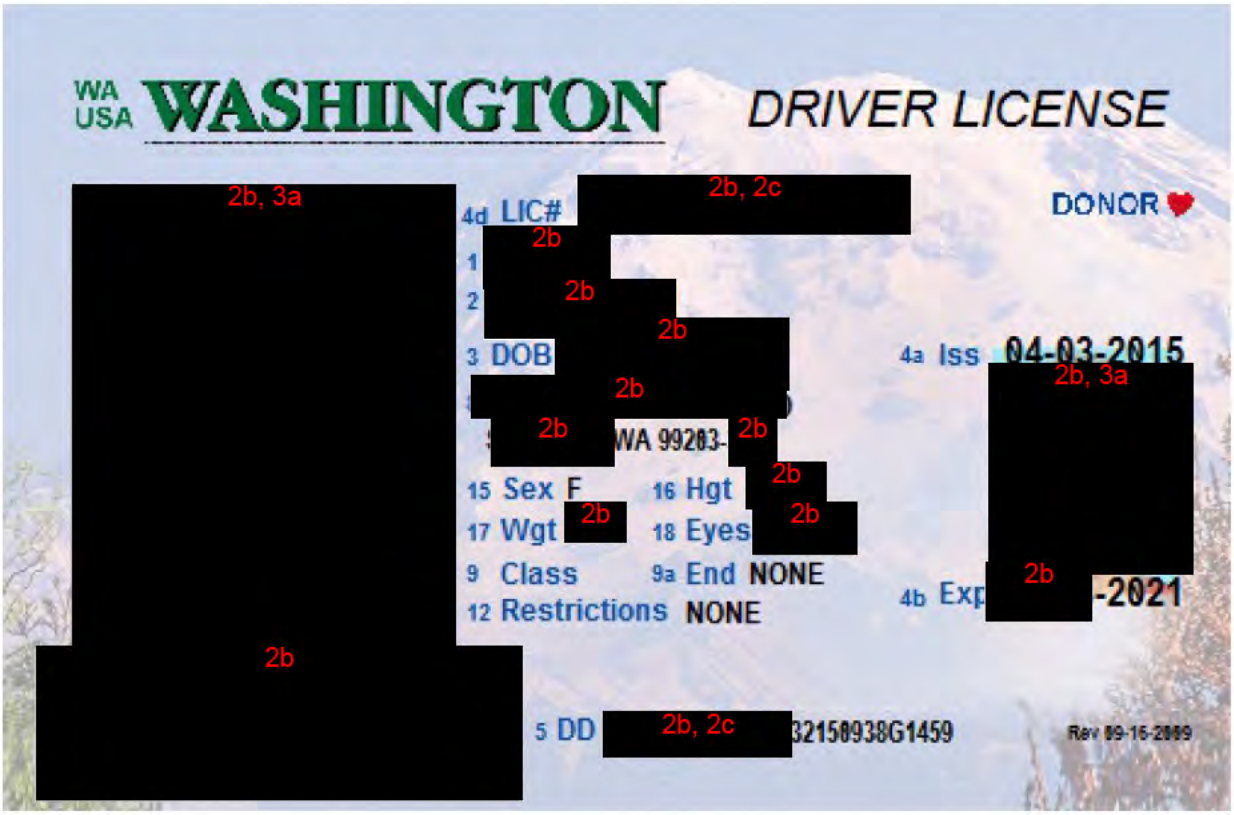
"Skip a trip - go online"
www.dol.wa.gov

From: Weekes, Rodney [mailto:Rodney.S.Weekes@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 11:56 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: D/L Photo Request

Pursuant to an official criminal investigation, 18USC2252 - Possession, Receipt, and Distribution of Child Pornography, being conducted by the US Department of Homeland Security (H.S.I.), it is requested that you provide any record of a current or past Washington State driver's licenses and a current driver's license photographs, if available, for the following individuals.
Name [redacted] DOB: [redacted] D/L: [redacted], Address: [redacted] WA 99203;
Name: [redacted], DOB: [redacted] D/L: [redacted] Address [redacted] WA 99203;
Name: [redacted], DOB: [redacted] D/L: [redacted], Address: [redacted] WA 99203.
Thank you for your assistance.

Rodney S. Weekes, Special Agent
Homeland Security Investigations
P.O. Box 428
Spokane, Washington 99210

Phone: 509-329-5114
Cell: 509-251-7354
Fax: 509-329-5110

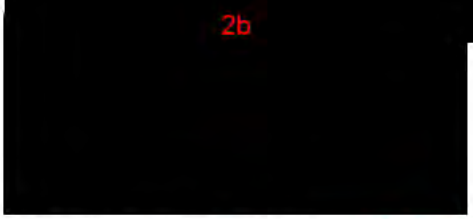


No card back image for given document.

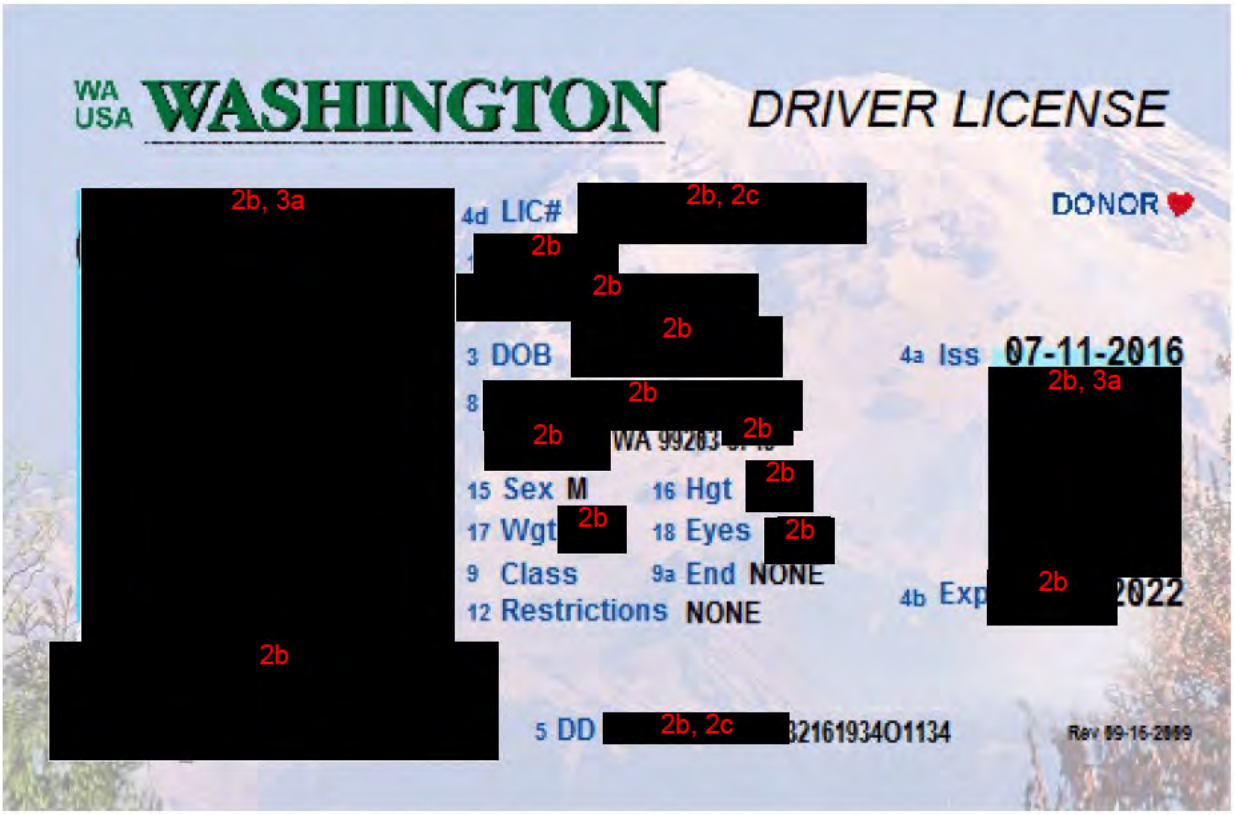
2b, 2c

2b

2b, 3a



LICENSE NUMBER (PIC): 2b, 2c
CONTROL N 2b **150938G1459**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **04-03-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**



No card back image for given document.

2b, 2c

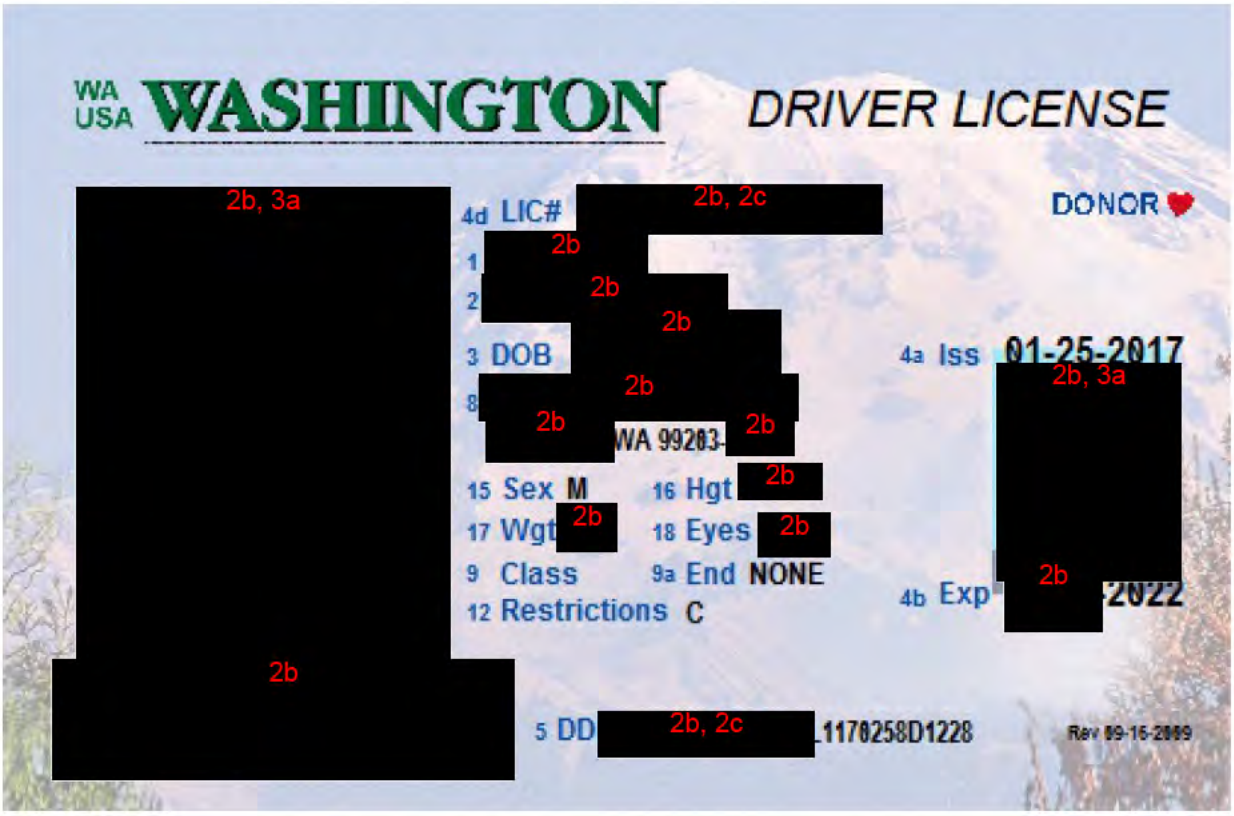
2b

2b, 3a

2b

2b

LICENSE NUMBER (PIC):
CONTROL NUMBER: **32161934O1134**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **07-11-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

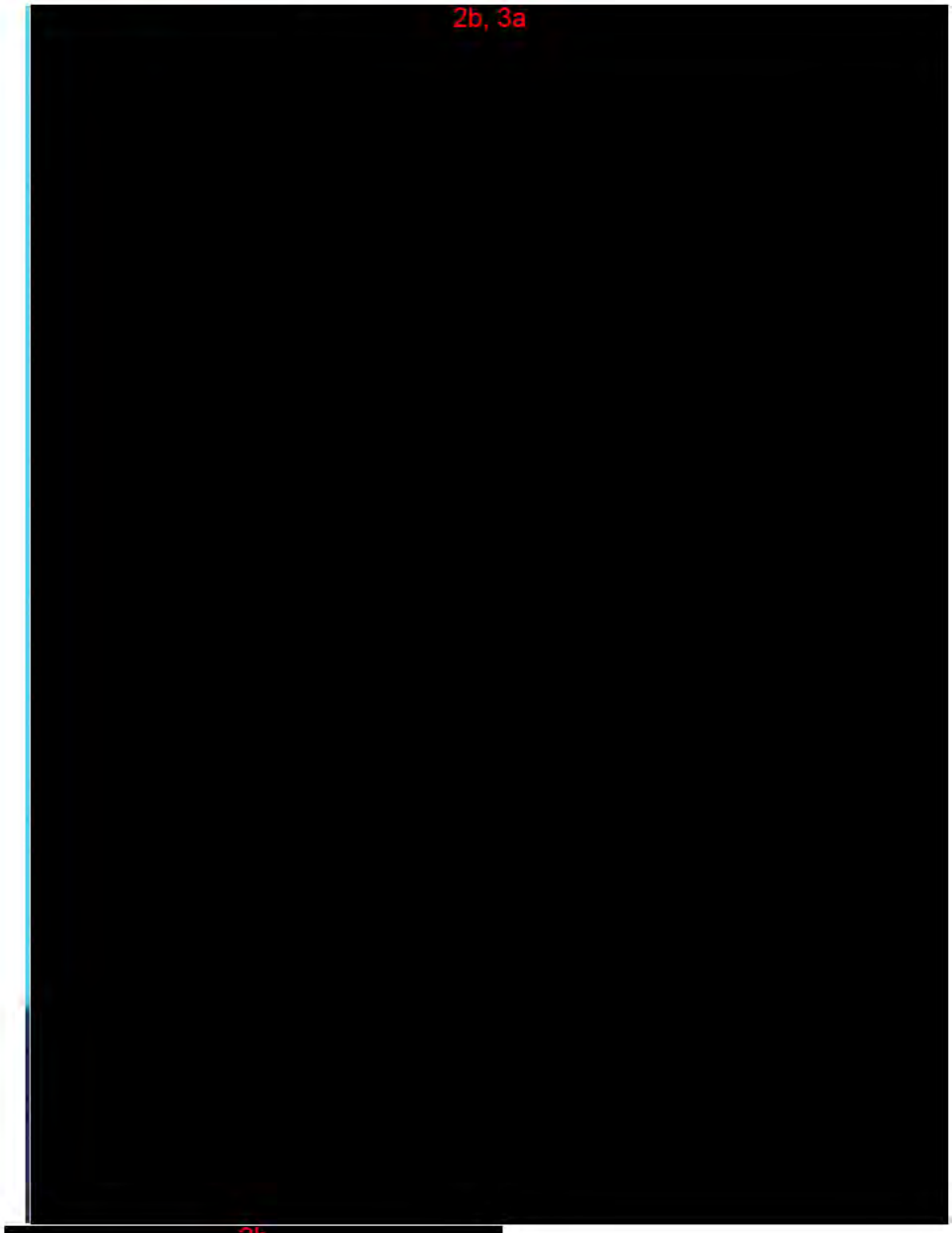


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU 70258D1228
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **01-25-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**

From: DOL INT Fraud
To: "Cote, Melanie R"
Subject: RE: Driver"s License Photo Request
Date: Tuesday, December 12, 2017 10:21:47 AM
Attachments: [redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Cote, Melanie R [mailto:Melanie.R.Cote@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 10:17 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Driver's License Photo Request

Greetings from Vermont!

I am a Criminal Targeting Specialist assigned to the U.S. Immigration and Customs Enforcement (ICE), National Criminal Analysis and Targeting Center (NCATC) located in Williston, Vermont, working under the supervision of Unit Chief Karen Oates. Our primary mission is to identify and locate removable (deportable) aliens who may pose a threat to public safety and/or national security. We are conducting an investigation of the subject below for possible immigration violations. I have attached a formal request for a WA driver's license photo of the following subject:

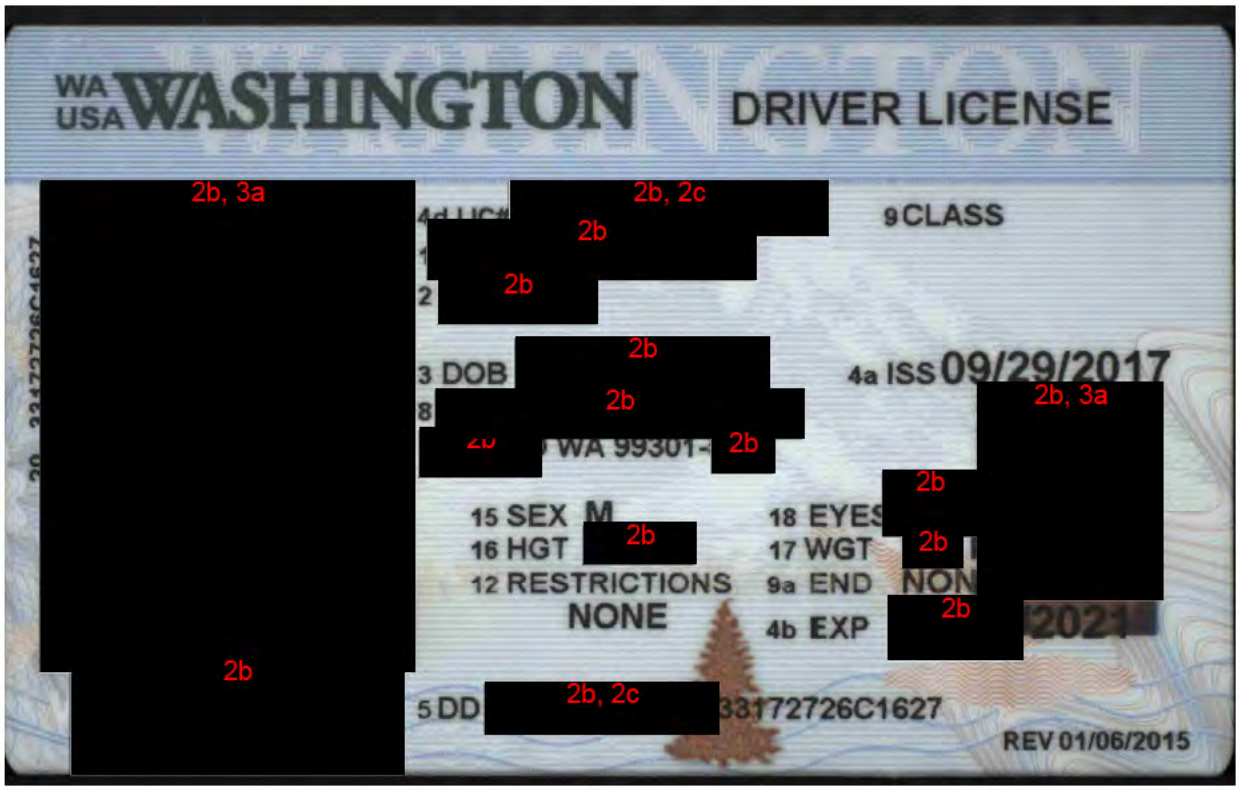
[redacted]
DOB [redacted] 9
WA OLN: [redacted]

I had this email address on file to request photos from WA driver's license files in the past. If I have not reached the proper contact, could you provide me directions to where I should? Thank you very much

for your assistance!

Sincerely,
Melanie R. Côté

Criminal Targeting Specialist
DHS/ICE/ERO/National Criminal Analysis and Targeting Center
426 Industrial Avenue Suite 170; Williston, VT
Mailing: PO Box 476; Williston, VT 05495
Office: 802-951-2261 Fax: 802-657-4680
Email: Melanie.R.Cote@ice.dhs.gov


WA
USA
WASHINGTON
DRIVER LICENSE
2b, 3a
2b, 2c
2b
2b
9 CLASS
3 DOB
2b
4a ISS 09/29/2017
2b
2b, 3a
WA 99301-
2b
2b
15 SEX M
16 HGT
2b
18 EYES
17 WGT
2b
12 RESTRICTIONS
NONE
9a END
NON
4b EXP
2b
2021
2b
5 DD
2b, 2c
33172726C1627
REV 01/06/2015


LICENSING
21 1726510430755301
2b
CLASS
ENDORSEMENTS:
NONE
RESTRICTIONS:
NONE
2b
Please notify the Department of Licensing within 10 days of a change of address.

[redacted] [redacted]

[redacted]

[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NU[redacted]627
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **09-29-2017**
MAILED DATE: **10-03-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: melanie.r.cote@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: Driver"s License Photo Request
Date: Tuesday, December 12, 2017 10:27:52 AM

Mandy,

Thank you very much for your speedy response!

Sincerely,
Melanie

--- Originally sent by fraud@dol.wa.gov on Dec 12, 2017 1:22 PM ---

Here is your request

Mandy Hummel

Support Enforcement Tech

LIU

"Skip a trip - go online"

www.dol.wa.gov

From: Cote, Melanie R [mailto:Melanie.R.Cote@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 10:17 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Driver's License Photo Request

Greetings from Vermont!

I am a Criminal Targeting Specialist assigned to the U.S. Immigration and Customs Enforcement (ICE), National Criminal Analysis and Targeting Center (NCATC) located in Williston, Vermont, working under the supervision of Unit Chief Karen Oates. Our primary mission is to identify and locate removable (deportable) aliens who may pose a threat to public safety and/or national security. We are conducting an investigation of the subject below for possible immigration violations. I have attached a formal request for a WA driver's license photo of the following subject:

[redacted 2b]

DOB [redacted 2b]

WA OLN: [redacted 2b, 2c]

I had this email address on file to request photos from WA driver's license files in the past. If I have not reached the proper contact, could you provide me directions to where I should? Thank you very much for your assistance!

Sincerely,

Melanie R. Côté

Criminal Targeting Specialist

DHS/ICE/ERO/National Criminal Analysis and Targeting Center

426 Industrial Avenue Suite 170; Williston, VT

Mailing: PO Box 476; Williston, VT 05495

Office: 802-951-2261 Fax: 802-657-4680

Email: Melanie.R.Cote@ice.dhs.gov

Secured by **Trustwave**® and **ZixCorp**®

From: paul.w.mckean@ice.dhs.gov
To: McHugh, Paul (DOL)
Subject: RE: Here it is
Date: Wednesday, December 13, 2017 7:32:05 AM

Immgration records list the name [2b] who's holding a valid LPR card which is good for 10 years. Typically LPR holders will not change their names except in case of marriage until their card is going to expire, it's a money thing.

LPR cards are good for ten years where an employment authorization card is valid for a year at a time.

Hope things helps,

Paul

--- Originally sent by pmchugh@dol.wa.gov on Dec 12, 2017 2:40 PM ---

Thanks again Paul

The number on the USA Permanent Resident card is:

[2b, 2c]

The USA Permanent Resident card name is:

[2b] DOB [2b]

She changed her name on 11/15/2017 to :

[2b] DOB [2b]

The SSN used is [6b]

Customer may also have used name of [2b].

Thanks for your help.

Paul McHugh, Investigator 1

Department of Licensing

w/License Integrity Unit

1125-Washington St. SE

POB 9029

Olympia, WA 98507

Office - 360.902.3697

Main – 360.902.3915

fraud@dol.wa.gov

Secured by **Trustwave**® and **ZixCorp**®

From: DOL INT Fraud
To: "Powell, R Shawn"
Subject: RE: ICE DOL Request
Date: Tuesday, December 12, 2017 3:57:40 PM
Attachments: 2b, 2c J.pdf
Capture4.JPG

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division
It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: Powell, R Shawn [mailto:R.S.Powell@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 3:56 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: ICE DOL Request

I would like to request both card views as well as the application for the below DL as it pertains to an investigation. Subject is in violation of 8 USC 1325 and is subject to enforcement action.

Thank you in advance.

2b, 2c

R. Shawn Powell
Deportation Officer
Immigration and Customs Enforcement
Fugitive Operations
Yakima ERO
O: 509-574-6778
C: 509-386-0763
Alt: 509-954-9465

U.S. Immigration
and Customs
Enforcement

[redacted] [redacted]

No card back image for given document.

[redacted] [redacted]

[redacted]

[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **21160716F1130**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **03-11-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

WASHINGTON STATE DEPARTMENT OF LICENSING

ID Card Application

6F T

Office use only
Appl # 1521114256F
Appl type 21
Date 03-11-2016
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date
[redacted]	2b, 2c	-- --

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	98902 2b	YAKIMA

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
TUXPAN	MICHOACAN	MEXICO

Are you a twin or triplet?	Mother's maiden name	Birth certificate/ INS/ Passport number
☐ Yes ☑ No	2b, 2c, 6c	MX MICH BC 2b, 2c MX PP 2b, 2c

Answer the following

Have you had a license before? ☐ Yes ☑ No

If yes, where? _____ Under what name? _____

Legal guardian

I certify that I am the legal guardian of the above named person who is applying for a Washington Identification Card. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Address if different

X
Legal guardian signature

Identification _____

For department use only

ID presented	Previous ID type	Valid
		☐ Yes ☑ No

EDL	Enhanced card application status	Portfolio status
☐ Yes ☑ No		

Remarks
2b, 2c MX VTR 2b, 2c CONS 2b, 2c

I declare under penalty of perjury under the laws of the state of Washington that the information provided on this application is true and correct, that the identifying documents are valid, and that I have no valid Washington driver license or photo instruction permit in my possession.

sdoor 502	X 2b
Licensing services representative	Applicant signature
03-11-2016	UNION GAP
Date signed	Place signed

DLE-520-002 (R/10/10)E

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DFS 157

2b, 2c DCASE/D16071/DIDAP

From: DOL INT Fraud
To: "Forthun, Jeffrey L"
Subject: RE: ID/DL Request - 2b
Date: Tuesday, December 12, 2017 3:01:49 PM
Attachments: Capture3.JPG
2b, 2c .pdf

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: Forthun, Jeffrey L [mailto:Jeffrey.L.Forthun@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:56 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: ID/DL Request - 2b

From: Forthun, Jeff [mail to:Jeffrey.Forthun@dhs.gov]
Sent: Tuesday, December 12, 2017 @ 2:55PM
To: **fraud@dol.wa.gov**
Subject: Request for ID/DL

I respectfully request a copy of the WA State ID/DL *and* application issued to 2b under identification number 2b, 2c Please send to me at Jeffrey.Forthun@dhs.gov when convenient for you. If the ID/DL issued on this date is a renewal with no application, please also send the most recent ID/DL having an application.

This subject is the suspect in a federal 8 USC 1326 investigation (Alien Illegally Present in the U.S. after Removal).

Your time and assistance are greatly appreciated.

I can be contacted at (509) 329-5843 or cell (509) 654-0041.

Jeffrey L. Forthun
Deportation Officer

DHS / ICE
P.O. Box 94
Spokane, WA 98210

Fax # (509) 329-5850

State of Washington - Department of Licensing 7D T
Record of Application Application Number: 0219715317D 7D

Appl type: 31 Exam Fee #: A000002 Exam Fee Date: 05-05-2003 CTL #: 030537D8915

Social Security #: [redacted] Expiration Date: 05-14-07
Name: [redacted] 2b Lic #: [redacted] 2b, 2c Military: NO
Res Addr: [redacted] 2b Res City: [redacted] 2b
St: WA Zip: 99344-0000 County:
Mail Addr: Mail City:
ST/Prov: Zip: Country: UNITED STATES
Gender: MALE Birthdate: [redacted] 2b Height: [redacted] 2b Weight: [redacted] 2b Eyes: [redacted] 2b
History: Birthplace: TECOMAN,COLIMA ,MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted] 2b, 2c, 6c
Telephone: [redacted] 2b
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] 2b, 2c WA ID (PERM) EXP [redacted] 2b, 2c
ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNED _____ ADDRESS IF DIFFERENT _____

ID Presented: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE: S1-057 01-17-2003 S1-065 01-28-2003 SO-084 02-12-2003 __-___ __-__-__

DRIVING: 081 02-22-2003 _____ __-__-__ _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST: 096 02-22-2003 7D

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS:
R1: R2:

I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct, that the identifying documents presented are valid, and that I have no other valid driver's license or instruction permit in my possession. I understand that by operation of a motor vehicle I am consenting to taking a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506.

LSR _____ (348) Signature [redacted] 2b

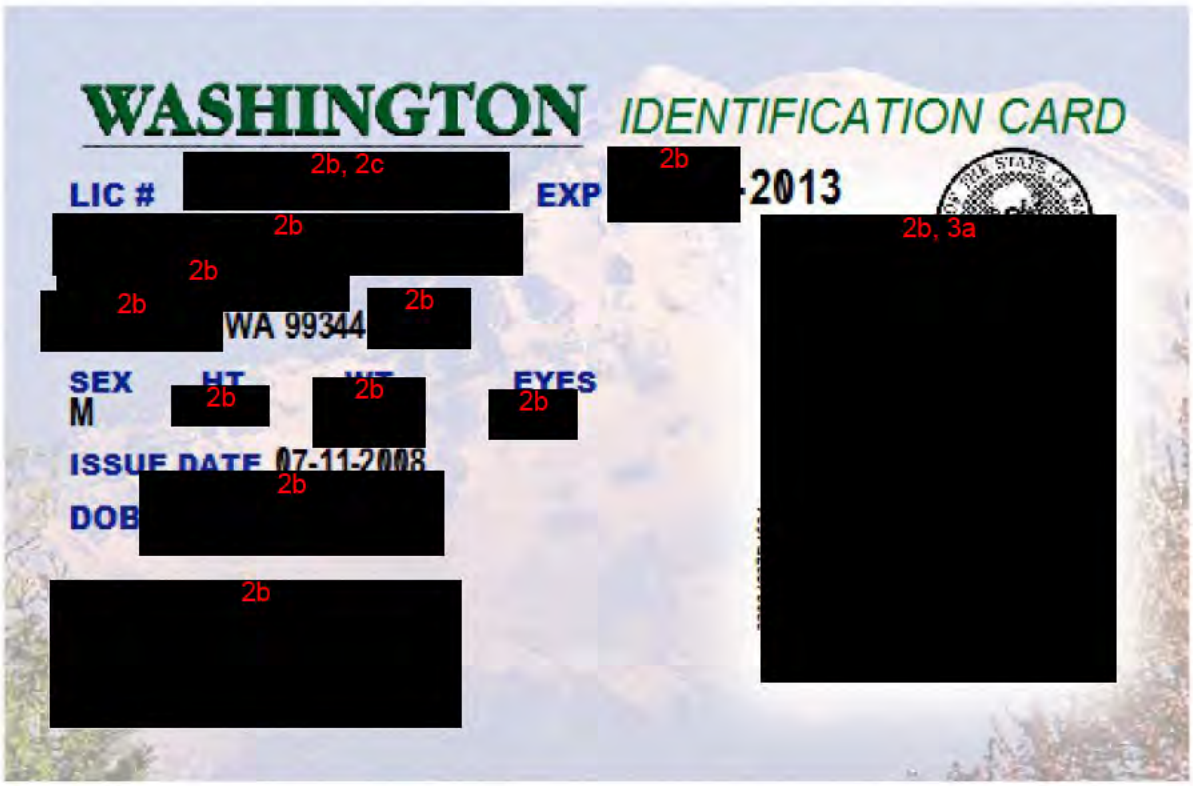
Date: Saturday, February 22, 2003 Place of Signature: MOSES LAKE

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **22081937D1524**
LAST NAME: 2b
FIRST NAME 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **07-**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

From: DOL INT Fraud
To: "Miller, Lonnie R"
Subject: RE: ID/DL
Date: Tuesday, December 12, 2017 11:43:11 AM
Attachments: [redacted] Photo_Card_Sig.pdf

Hi,

The app is old format that will have to be pulled and sent later.

Thank you

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Miller, Lonnie R [mailto:Lonnie.R.Miller@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 11:33 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: ID/DL

I respectfully request a copy of the WA State ID/DL and application issued to [redacted] [redacted] under identification number [redacted] Please send to me at lonnie.r.miller@ice.dhs.gov when convenient for you. If the ID/DL issued on this date is a renewal with no application, please also send the most recent ID/DL having an application.

Please send me a copy of his first known application.

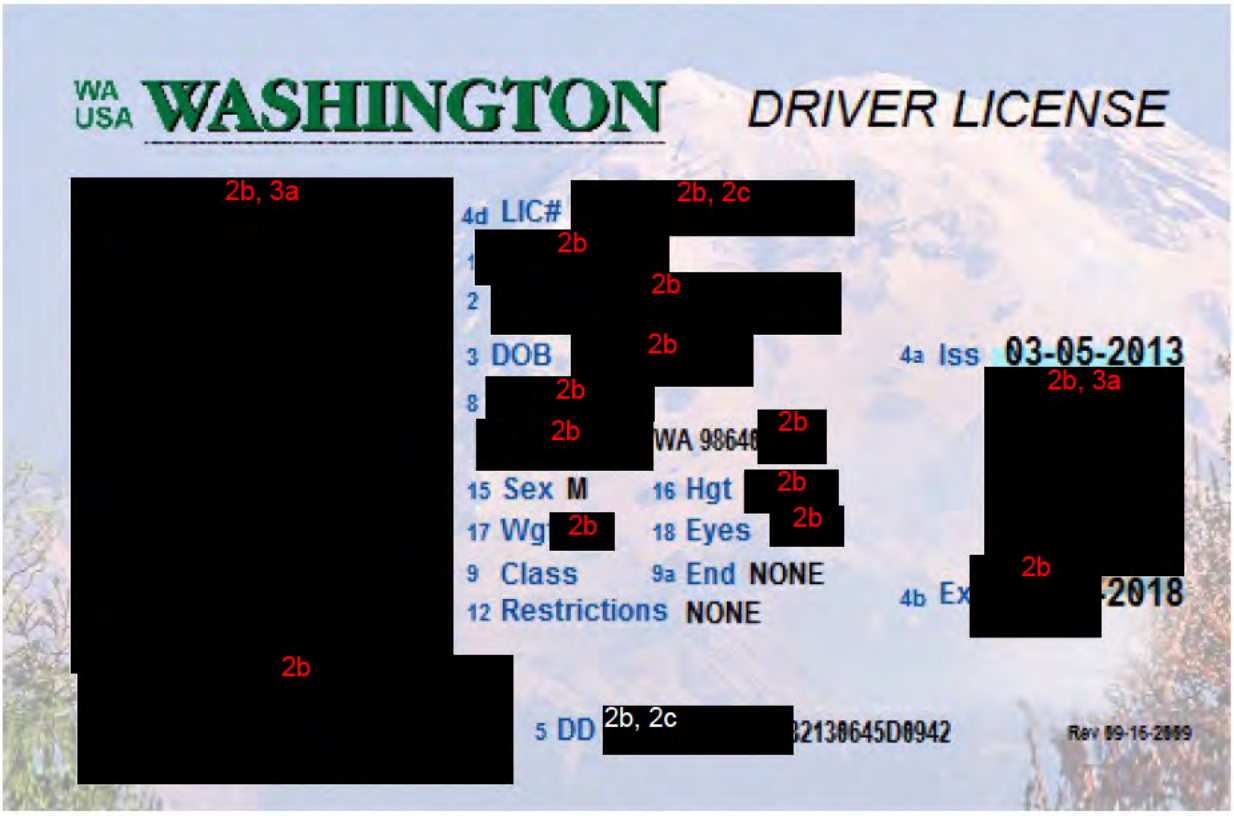
This subject is under federal investigation.

Your time and assistance are greatly appreciated.

I can be contacted at (503) 849-9345.

Lonnie Miller
Deportation Officer

ICE/ERO Criminal Alien Program
1-503-849-9345
4310 SW Macadam Ave.
Portland, OR 97239

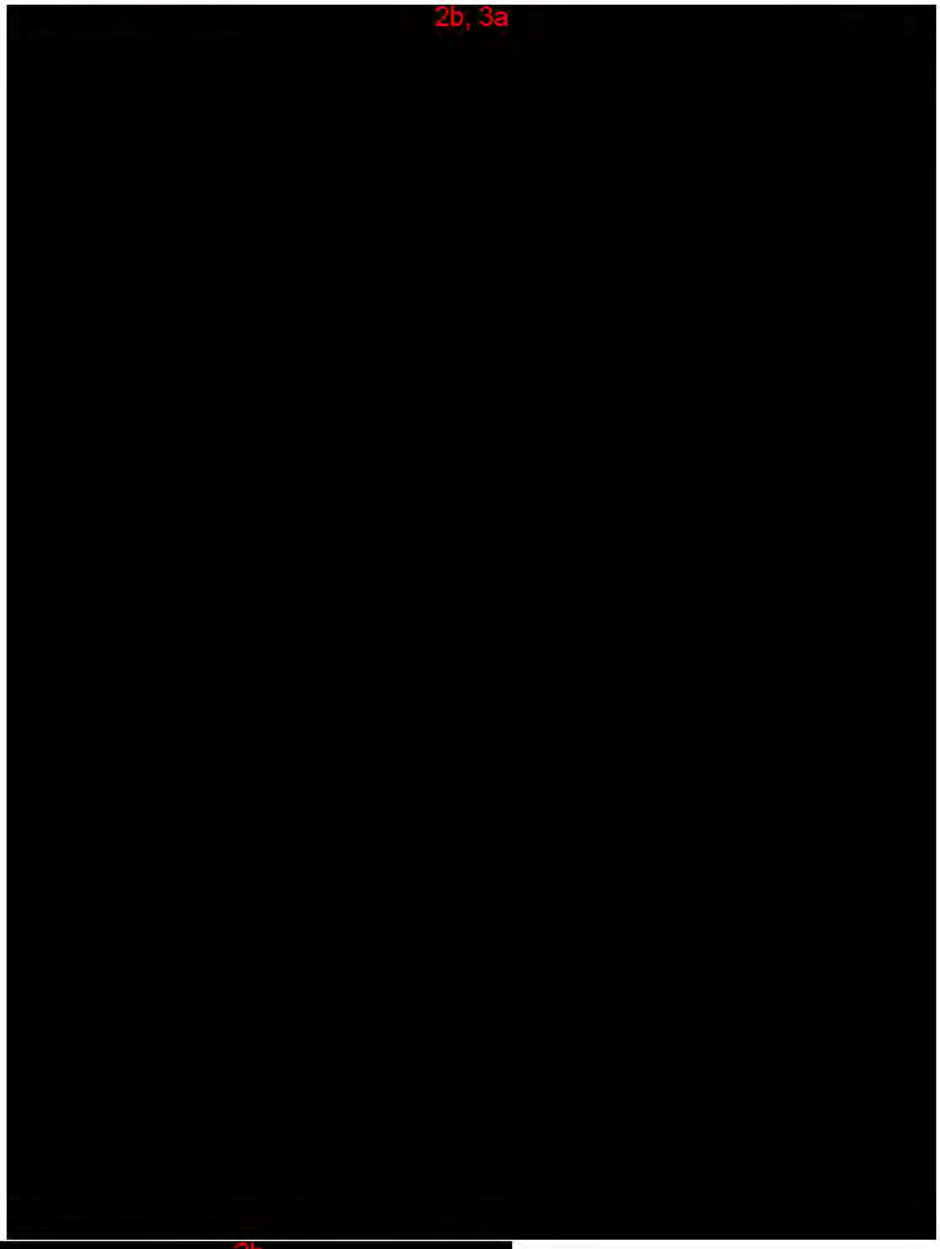


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32130645D0942**
LAST NAME: 2b
FIRST NAME 2b
MIDDLE NAME 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-05-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Lee, Brandon C"
Subject: RE: Information Request
Date: Wednesday, December 13, 2017 12:50:42 PM
Attachments: Capture1.JPG
[redacted] Photo_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Lee, Brandon C [mailto:Brandon.C.Lee@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:42 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Information Request

Good Afternoon, may I please have any drivers license applications and photos for this individual please.
Subject is currently at Washington Corrections Center for Firearm Possession Unlawful-2.

Name: [redacted] **stian**
DOB: [redacted]

Possible violation of 8 USC 1227

Thank you,

Brandon C Lee
Deportation Officer
Criminal Alien Program
Seattle Field Office

12500 Tukwila International Blvd
Seattle, WA 98168
Office 206-277 7388
Mobile 206-786-6809
Fax 206-835-0095

4H T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1506816084H App type 31
Exam fee # H000010
Exam fee date 06-13-2015
App fee date
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	2b, 2c	-- --	☐ Yes ☑ No

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	9842 2b	PIERCE

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
		AMERICAN SOMOA

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	

1. Have you had a license before? ☐ Yes ☑ No
   If yes, where? _____ Under what name? _____
2. Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? ☐ Yes ☑ No
   If yes, where? _____ When? _____ Why? _____
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X Guardian signature

Identification _____

Office use only

Previous ID type	ID presented	Valid
		☐ Yes ☑ No

Acuity	Left	Right	Both	Fusion	Field	Color
☐ with correction ☑ w/o correction	20/040	20/040	20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	DS 058 03-09-2015	DS 088 03-09-2015		
Driving test	082 03-13-2015			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
--	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
4H317;WA ID EXP 2019

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

VStockman 317
Licensing services representative

X 2b
Applicant signature

3/13/2015
Date signed

SOUTH TACOMA
Place signed

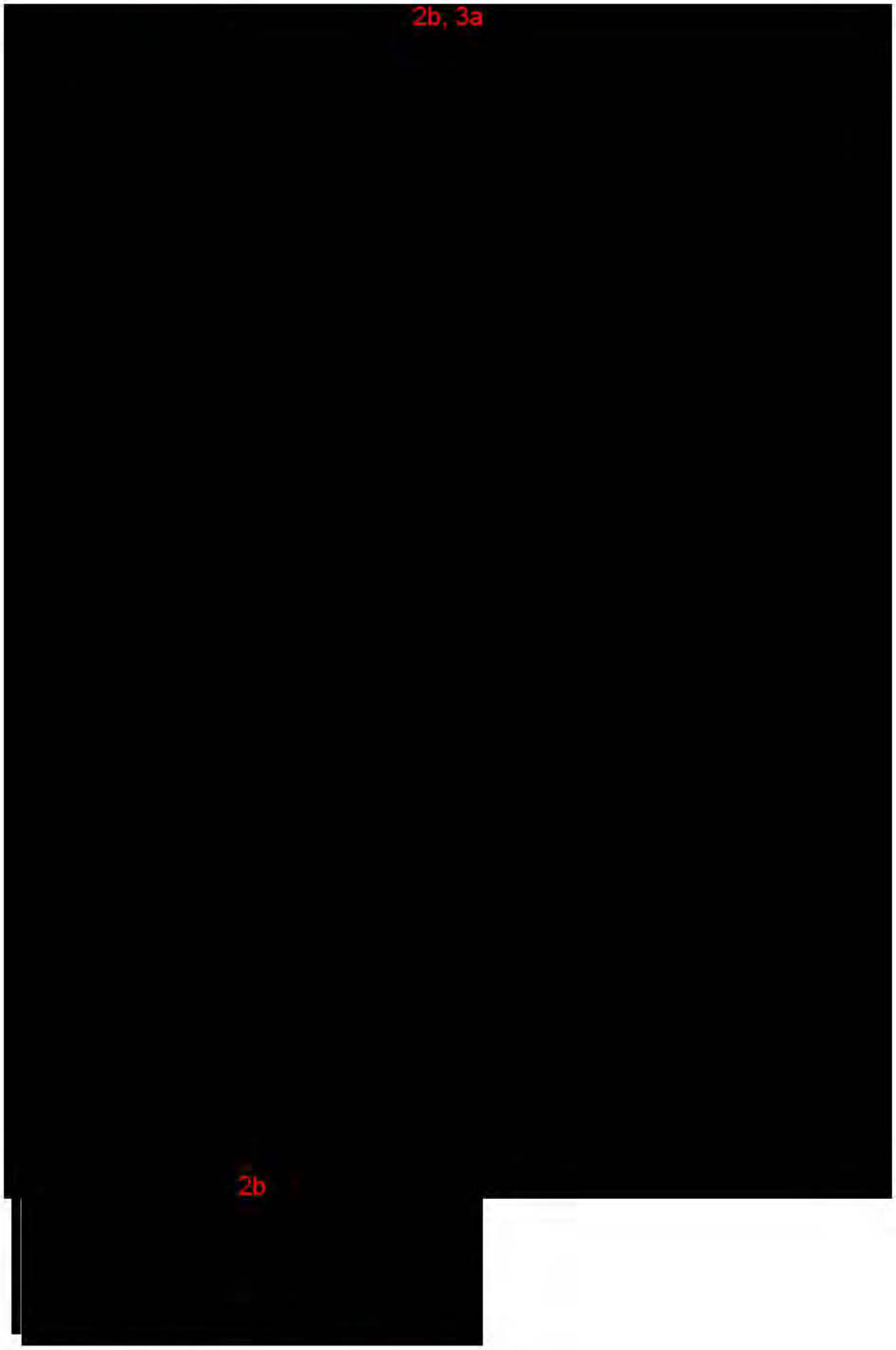
DLE 520-076 (R/7/12)E

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DFS 131

2b, 2c DCASE/D15072/DDLAP

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **L1150724H1503**
LAST NAME [redacted]
FIRST NAME [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **03-13-2015**
PRODUCTION STATUS: **Mailed to Customer**

From: DOL INT Fraud
To: "Lee, Brandon C"
Subject: RE: Information Request
Date: Wednesday, December 13, 2017 12:50:42 PM
Attachments: Capture1.JPG
[redacted] Photo_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Lee, Brandon C [mailto:Brandon.C.Lee@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:42 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Information Request

Good Afternoon, may I please have any drivers license applications and photos for this individual please.
Subject is currently at Washington Corrections Center for Firearm Possession Unlawful-2.

Name: [redacted]
DOB: [redacted]

Possible violation of 8 USC 1227

Thank you,

Brandon C Lee
Deportation Officer
Criminal Alien Program
Seattle Field Office

12500 Tukwila International Blvd
Seattle, WA 98168
Office 206-277 7388
Mobile 206-786-6809
Fax 206-835-0095

4H T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1506816084H App type 31
Exam fee # H000010
Exam fee date 06-13-2015
App fee date
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	2b, 2c	-- --	☐ Yes ☑ No

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	9842[redacted] 2b	PIERCE

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
		AMERICAN SOMOA

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	

1. Have you had a license before? ☐ Yes ☑ No
   If yes, where? _____ Under what name? _____
2. Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? ☐ Yes ☑ No
   If yes, where? _____ When? _____ Why? _____
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X
Guardian signature

Identification _____

Office use only

Previous ID type	ID presented	Valid
		☐ Yes ☑ No

Acuity			Fusion	Field	Color
☐ with correction ☑ w/o correction	Left: 20/040	Right: 20/040	Both: 20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	DS 058 03-09-2015	DS 088 03-09-2015		
Driving test	082 03-13-2015			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
--	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
4H317;WA ID EXP 2019

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

VStockman 317
Licensing services representative

X 2b
Applicant signature

3/13/2015
Date signed

SOUTH TACOMA
Place signed

DLE-520-076 (R/7/12)E

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

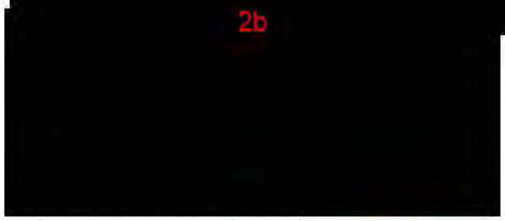
DFS 131

2b, 2c DCASE/D15072/DDLAP

2b, 2c

2b

2b, 3a



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU 50724H1503
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-13-2015**
PRODUCTION STATUS: **Mailed to Customer**

From: DOL INT Fraud
To: "Lee, Brandon C"
Subject: RE: Information Request
Date: Wednesday, December 13, 2017 12:50:42 PM
Attachments: Capture1.JPG
[redacted] Photo_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Lee, Brandon C [mailto:Brandon.C.Lee@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:42 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Information Request

Good Afternoon, may I please have any drivers license applications and photos for this individual please.
Subject is currently at Washington Corrections Center for Firearm Possession Unlawful-2.

Name: [redacted]
DOB: [redacted]

Possible violation of 8 USC 1227

Thank you,

Brandon C Lee
Deportation Officer
Criminal Alien Program
Seattle Field Office

12500 Tukwila International Blvd
Seattle, WA 98168
Office 206-277 7388
Mobile 206-786-6809
Fax 206-835-0095

4H T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1506816084H App type 31
Exam fee # H000010
Exam fee date 06-13-2015
App fee date
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	2b, 2c	-- --	☐ Yes ☑ No

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	9842 2b	PIERCE

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
		AMERICAN SOMOA

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	

1. Have you had a license before? ☐ Yes ☑ No
   If yes, where? _____ Under what name? _____
2. Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? ☐ Yes ☑ No
   If yes, where? _____ When? _____ Why? _____
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X Guardian signature

Identification _____

Office use only

Previous ID type	ID presented	Valid
		☐ Yes ☑ No

Acuity	Left	Right	Both	Fusion	Field	Color
☐ with correction ☑ w/o correction	20/040	20/040	20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	DS 058 03-09-2015	DS 088 03-09-2015		
Driving test	082 03-13-2015			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
--	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
4H317;WA ID EXP 2019

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

VStockman 317
Licensing services representative

X 2b
Applicant signature

3/13/2015
Date signed

SOUTH TACOMA
Place signed

DLE-520-076 (R/7/12)E

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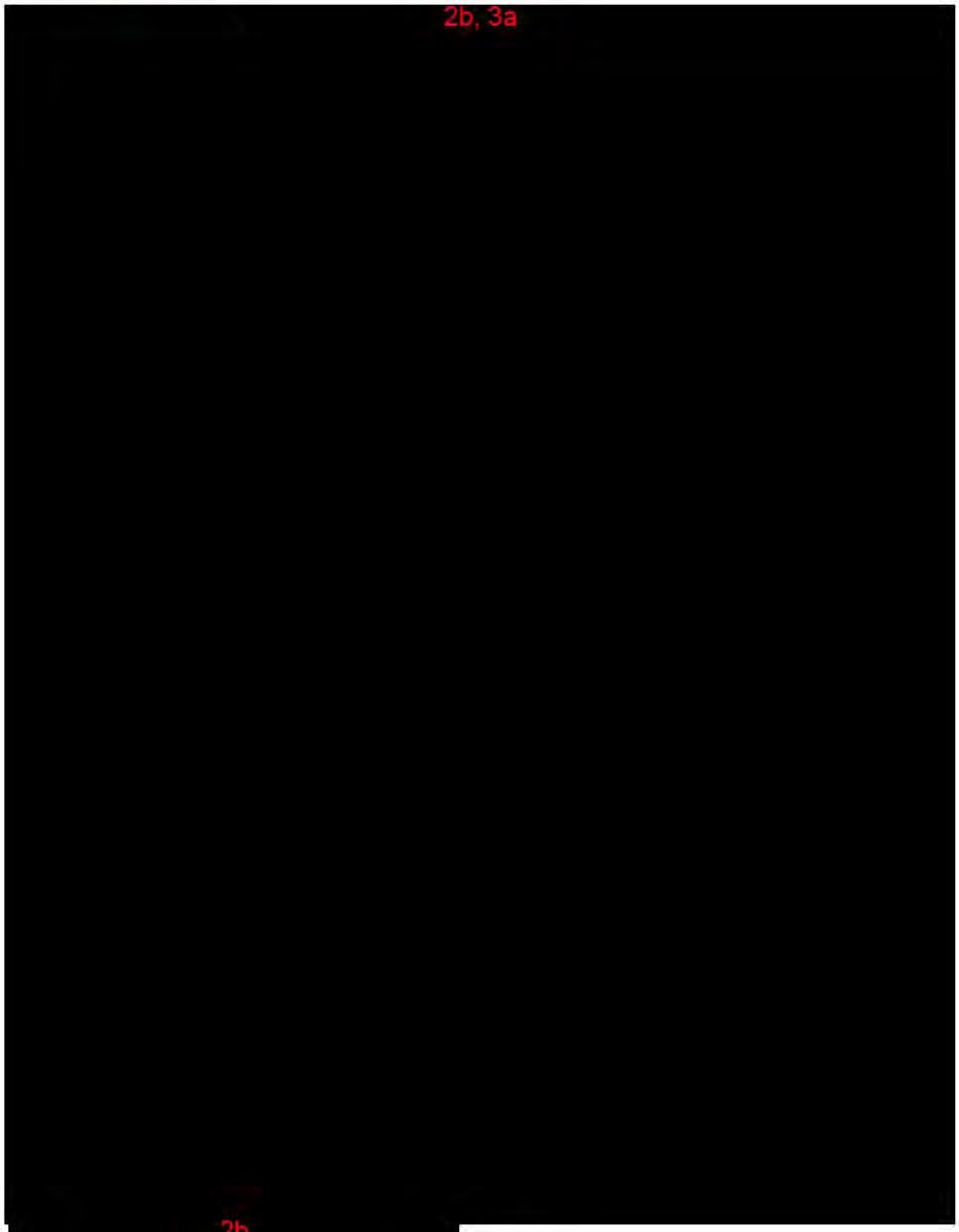
DFS 131

2b, 2c DCASE/D15072/DDLAP

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU[redacted]50724H1503
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **03-13-2015**
PRODUCTION STATUS: **Mailed to Customer**

From: DOL INT Fraud
To: "christina.m.caballero@ice.dhs.gov"
Subject: RE: License Image and Application Request
Date: Wednesday, December 13, 2017 10:01:43 AM
Attachments: [redacted].pdf
Capture.JPG

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: christina.m.caballero@ice.dhs.gov [mailto:christina.m.caballero@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 9:57 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: License Image and Application Request

Greetings,

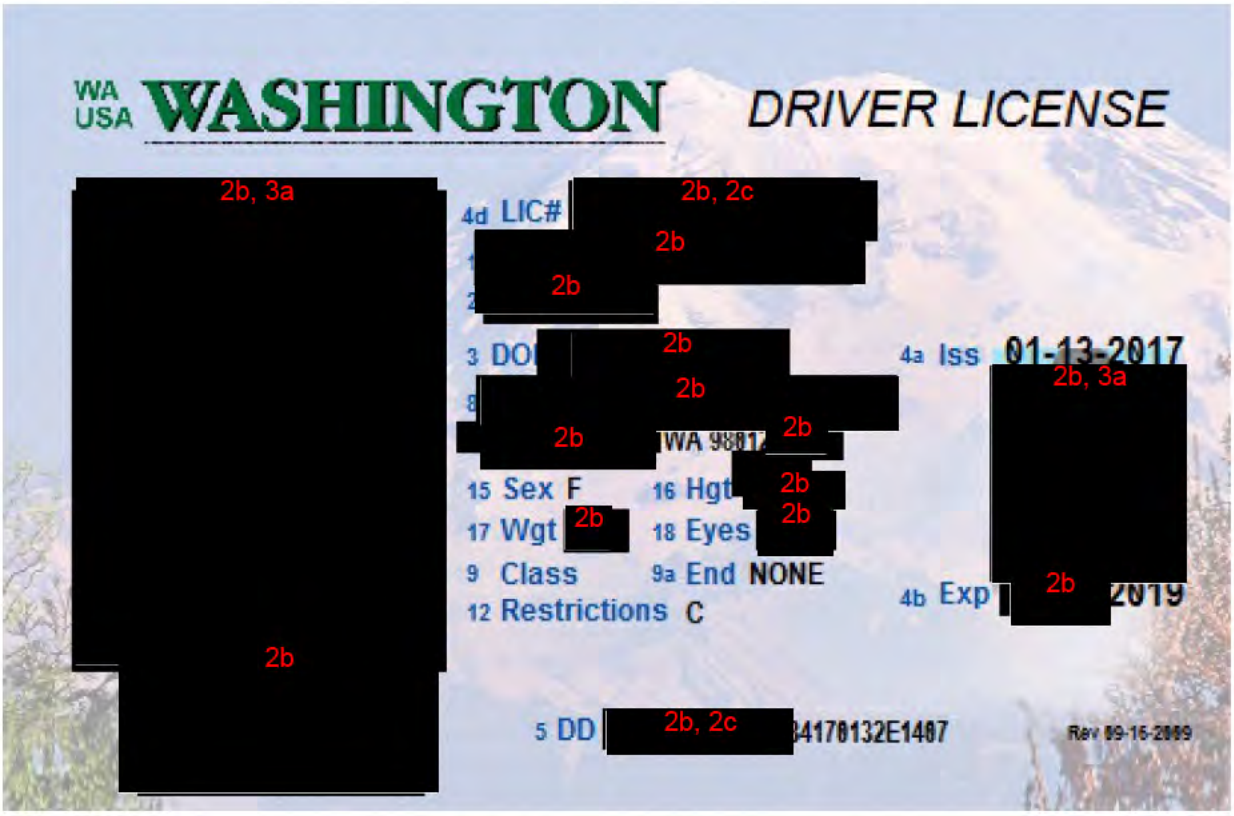
Please send DL photo(s), license image(s), (both large format and driver license card format) and the applications, for the following individual:

[redacted]

Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation of possible violations of the Immigration and Nationality Act by the aforementioned individual. 8 U.S. Code § 1325 - Improper Entry by Alien / 8 U.S. Code § 1227 - Deportable Aliens.

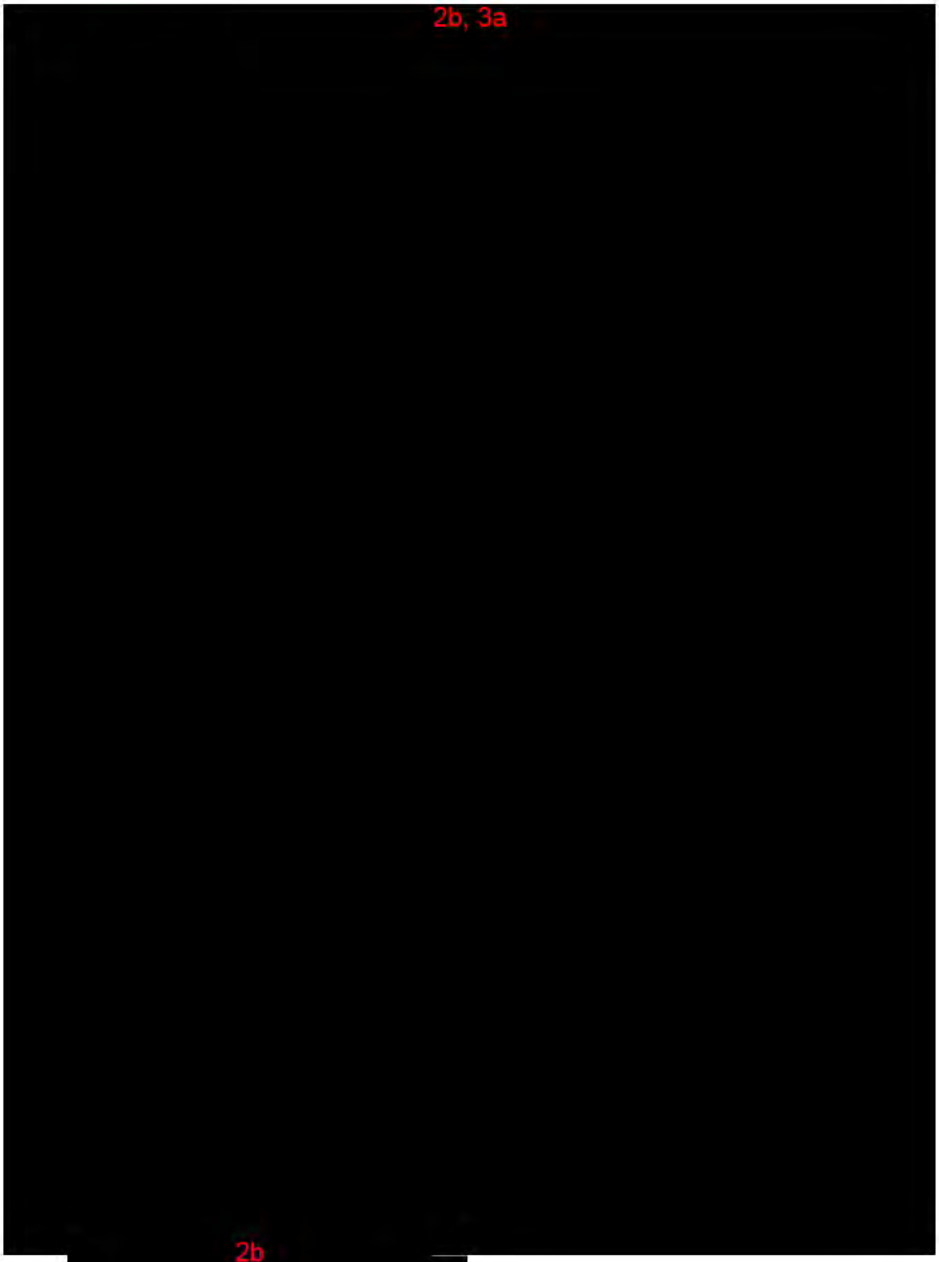
Respectfully,

Christina Caballero
Deportation Officer
DHS/ICE/ERO- Seattle Office
CELL: (206)556-1307
FAX: (206) 835-0092



No card back image for given document.

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **3417013213407**
LAST NAME: [redacted]
FIRST NAME [redacted]
MIDDLE NAME [redacted]
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **01-13-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Permanent Hold**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**

2E T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1335309512E App type 31
Exam fee # G000002
Exam fee date 08-29-2014
App fee date 03-19-2014
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	2b, 2c	__ __ __	☐ Yes ☑ No

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	98012-2b	KING

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☐ Male ☑ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
TALPA	JALISCO	MEXICO

Are you a twin or triplet?	Mother's maiden name	Birth certificate/ INS/ Passport number
☐ Yes ☑ No	2b, 2c, 6c	

1. Have you had a license before? ☐ Yes ☑ No
   If yes, where? _____ Under what name? _____
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   If yes, where? _____ When? _____ Why? _____
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X
Guardian signature

Identification _____

Office use only

Previous ID type	ID presented	Valid
		☐ Yes ☑ No

Acuity	Left	Right	Both	Fusion	Field	Color
☐ with correction ☑ w/o correction	20/040	20/040	20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	O4 091 12-19-2013			
Driving test	082 06-25-2014			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
171 06-11-2014 2E	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
2E171;WA IP XP 121914

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

kyhall 107
Licensing services representative

X 2b
Applicant signature

6/25/2014
Date signed

LYNNWOOD
Place signed

DLE-520-076 (R/7/12)E

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DFS 131

2b, 2c DCASE/D14176/DDLAP

From: DOL INT Fraud
To: "christina.m.caballero@ice.dhs.gov"
Subject: RE: License Image and Application Request
Date: Wednesday, December 13, 2017 10:01:43 AM
Attachments: [redacted].pdf
Capture.JPG

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: christina.m.caballero@ice.dhs.gov [mailto:christina.m.caballero@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 9:57 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: License Image and Application Request

Greetings,

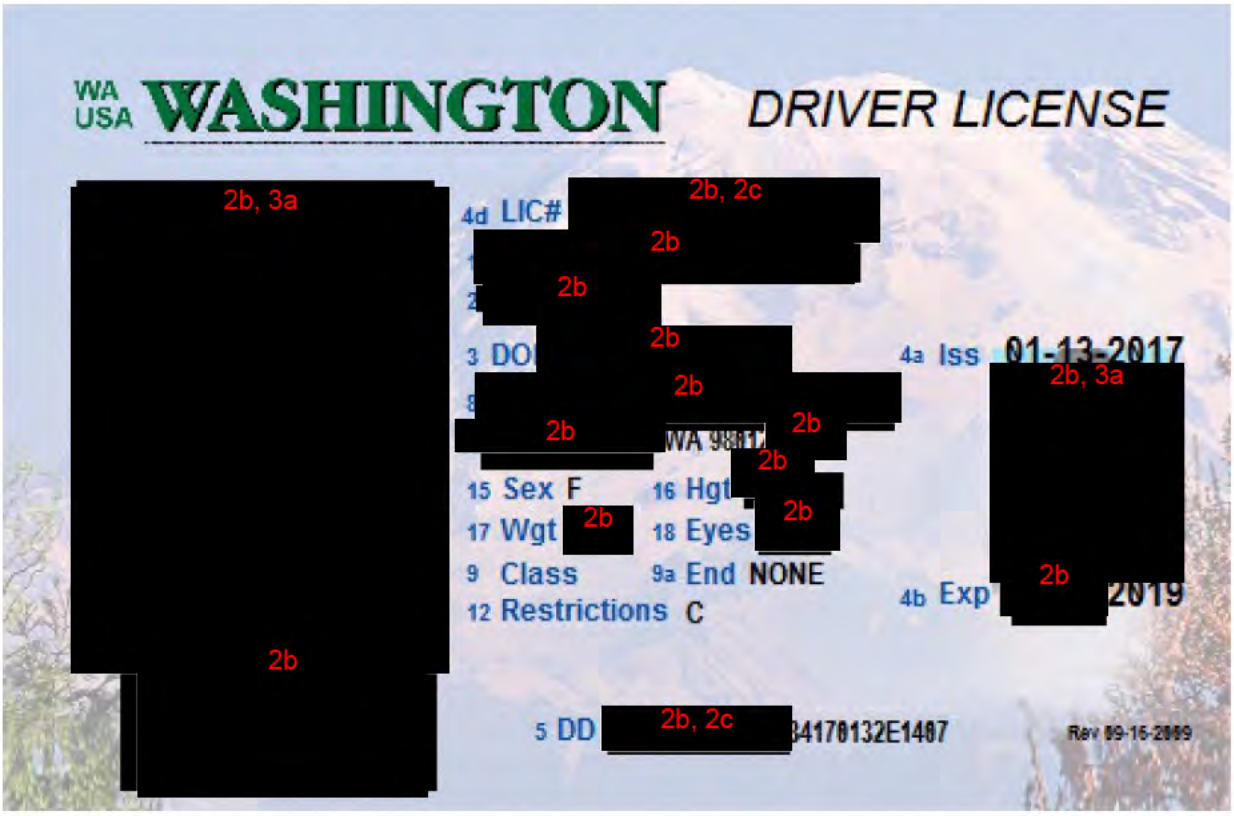
Please send DL photo(s), license image(s), (both large format and driver license card format) and the applications, for the following individual:

[redacted]

Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation of possible violations of the Immigration and Nationality Act by the aforementioned individual. 8 U.S. Code § 1325 - Improper Entry by Alien / 8 U.S. Code § 1227 - Deportable Aliens.

Respectfully,

Christina Caballero
Deportation Officer
DHS/ICE/ERO- Seattle Office
CELL: (206)556-1307
FAX: (206) 835-0092



No card back image for given document.

2b; 2c

2b

2b, 3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU
LAST NAME 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **01-**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Permanent Hold**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**

2E T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1335309512E App type 31
Exam fee # G000002
Exam fee date 08-29-2014
App fee date 03-19-2014
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a). RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	[redacted] 2b, 2c	__ __ __	☐ Yes ☑ No

Name (Last, First, Middle)
[redacted] 2b

Residence address
[redacted] 2b

City	State	ZIP code	County
[redacted] 2b	WA	98012-[redacted] 2b	KING

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
[redacted] 2b	☐ Male ☑ Female	[redacted]	[redacted] 2b	[redacted] 2b	[redacted] 2b

[redacted]	Place of birth – State/Province	Place of birth – Country
TALPA	JALISCO	MEXICO

Are you a twin or triplet?	Mother's maiden name	Birth certificate/ INS/ Passport number
☐ Yes ☑ No	[redacted] 2b, 2c, 6c	

1. Have you had a license before? ☐ Yes ☑ No
   If yes, where? _____ Under what name? _____
2. Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? ☐ Yes ☑ No
   If yes, where? _____ When? _____ Why? _____
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X
Guardian signature

Identification _____

Office use only

Previous ID type	ID presented	Valid
		☐ Yes ☑ No

Acuity	Left	Right	Both	Fusion	Field	Color
☐ with correction ☑ w/o correction	20/040	20/040	20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	O4 091 12-19-2013			
Driving test	082 06-25-2014			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
171 06-11-2014 2E	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
2E171;WA IP XP 121914

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

kyhall 107
Licensing services representative

X [redacted] 2b
Applicant signature

6/25/2014
Date signed

LYNNWOOD
Place signed

DLE-520-076 (R/7/12)E

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DFS 131

[redacted] 2b, 2c DCASE/D14176/DDLAP

From:	DOL INT Fraud
To:	"Miranda, Miguel R"
Subject:	RE: PICS/APP
Date:	Wednesday, December 13, 2017 12:17:33 PM
Attachments:	Capture.JPG [redacted] Photo_Card_Sig.pdf image001.png

---

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Miranda, Miguel R [mailto:Miguel.R.Miranda@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:16 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: PICS/APP

Greetings,
Please send DL photo(s), license image(s), (both large format and driver license card format), and application for the following individual(s):

[redacted]

Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation of possible violations of the Immigration and Nationality Act, 8 USC 1325 by the aforementioned individuals. Thanks

Miguel R. Miranda Jr.
Deportation Officer
Fugitive Operations

Immigration and Customs Enforcement
Enforcement and Removal Operations
Seattle Field Office
12500 Tukwila International Blvd.
Seattle, WA 98168
Fax: 206-835-0095

6C T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1311709476C App type 31
Exam fee # B000001
Exam fee date 06-03-2015
App fee date
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license or other	Expiration date	Military
[redacted]	2b, 2c	-- --	☐ Yes ☑ No

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	9831 2b	KITSAP

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
SAN MARTIN	HUEHUETENANGO	GUATEMALA

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	

1. Have you had a license before? ☑ Yes ☐ No
   If yes, where? GT2 Under what name?
2. Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? ☐ Yes ☑ No
   If yes, where? When? Why?
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X
Guardian signature

Identification

Office use only

Previous ID type	ID presented	Valid
License	2b, 2c	☐ Yes ☑ No

Acuity	Right: 20/040	Both: 20/040	Fusion	Field	Color
☐ with correction ☑ w/o correction Left: 20/040			☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	S0 029 04-27-2013	S3 046 11-29-2014	S4 046 01-31-2015	DS 080 03-02-2015
Driving test	081 03-02-2015			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
--	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
6C466;WA ID XP 15

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

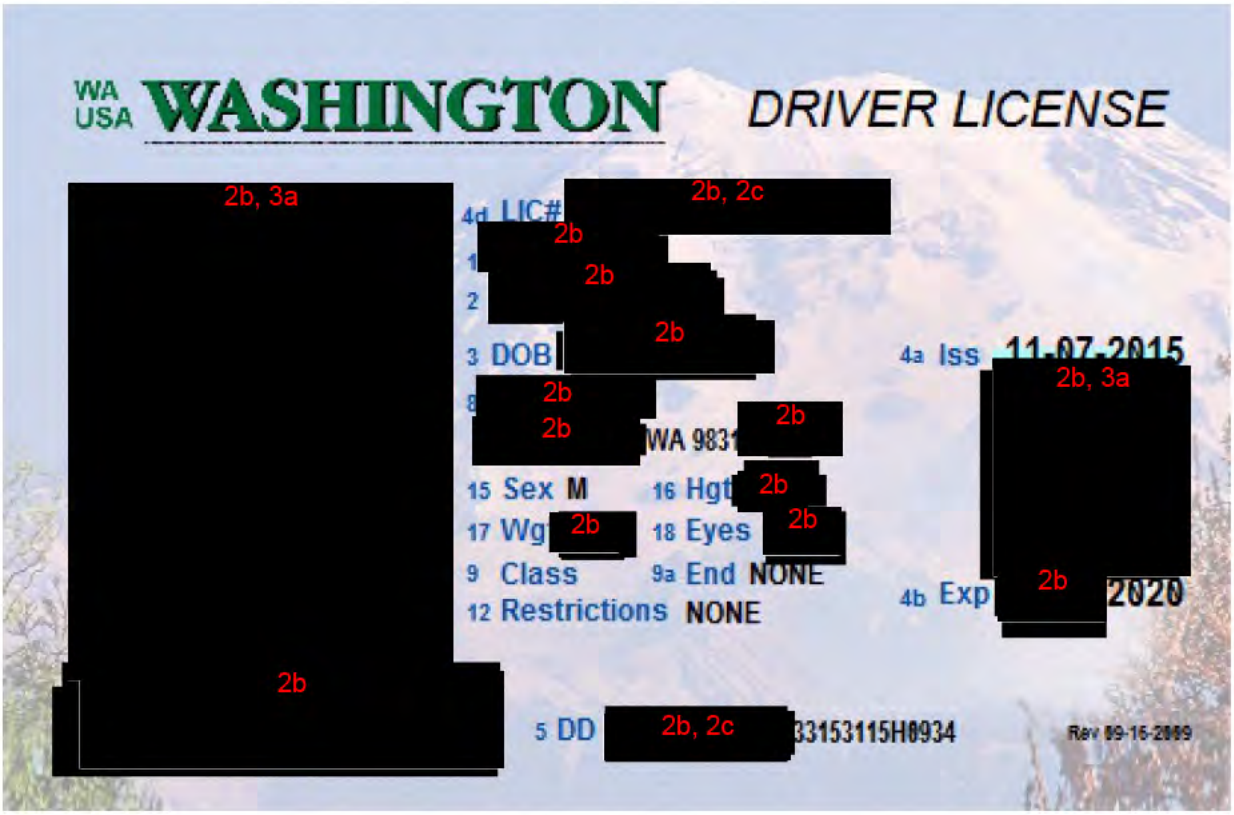
epadilla 466	X 2b [redacted]
Licensing services representative	Applicant signature
3/3/2015	KENNEWICK
Date signed	Place signed

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DLE 520-076 (R/7/12)E

DFS 131

2b, 2c DCASE/D15062/DDLAP

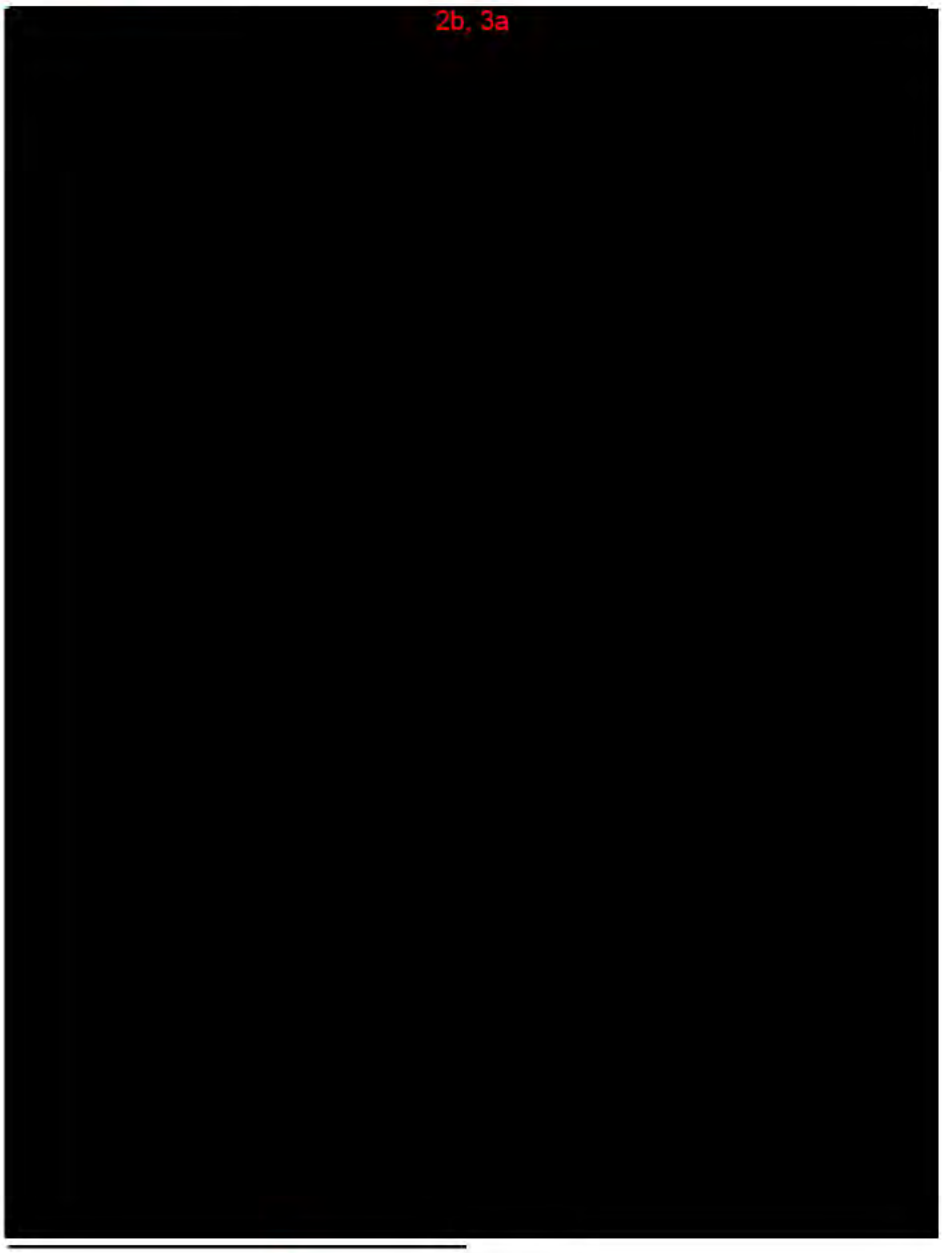


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33153115H0934**
LAST NAME 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **11-07-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


ICE
U S
OFFICER

From: DOL INT Fraud
To: "Miranda, Miguel R"
Subject: RE: PICS/APP
Date: Wednesday, December 13, 2017 12:17:33 PM
Attachments: Capture.JPG
[redacted] Photo_Card_Sig.pdf
image001.png

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Miranda, Miguel R [mailto:Miguel.R.Miranda@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:16 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: PICS/APP

Greetings,
Please send DL photo(s), license image(s), (both large format and driver license card format), and application for the following individual(s):

[redacted]

Justification for request:
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Miguel R. Miranda Jr.
Deportation Officer
Fugitive Operations

Immigration and Customs Enforcement
Enforcement and Removal Operations
Seattle Field Office
12500 Tukwila International Blvd.
Seattle, WA 98168
Fax: 206-835-0095

6C T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1311709476C App type 31
Exam fee # B000001
Exam fee date 06-03-2015
App fee date
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	2b, 2c	-- --	☐ Yes ☑ No

2b

Residence address
2b

City	State	ZIP code	County
2b	WA	9831 2b	KITSAP

Mailing address (if different)

City	State/Province	ZIP code	Country
			UNITED STATES

(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
SAN MARTIN	HUEHUETENANGO	GUATEMALA

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	

1. Have you had a license before? ☑ Yes ☐ No
   If yes, where? GT2 Under what name? _____
2. Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? ☐ Yes ☑ No
   If yes, where? _____ When? _____ Why? _____
3. In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Legal guardian
I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

Address if different

X
Guardian signature

Identification _____

Office use only

Previous ID type	ID presented	Valid
License	2b, 2c	☐ Yes ☑ No

Acuity	Left:	Right:	Both:	Fusion	Field	Color
☐ with correction ☑ w/o correction	20/040	20/040	20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	S0 029 04-27-2013	S3 046 11-29-2014	S4 046 01-31-2015	DS 080 03-02-2015
Driving test	081 03-02-2015			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
--	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
6C466;WA ID XP 15

I declare under penalty of perjury under the laws of the state of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid driver license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law, RCW 46.20.308 and RCW 46.61.506.

epadilla 466
Licensing services representative

X 2b
Applicant signature

3/3/2015
Date signed

KENNEWICK
Place signed

DLE 520-076 (R/7/12)E

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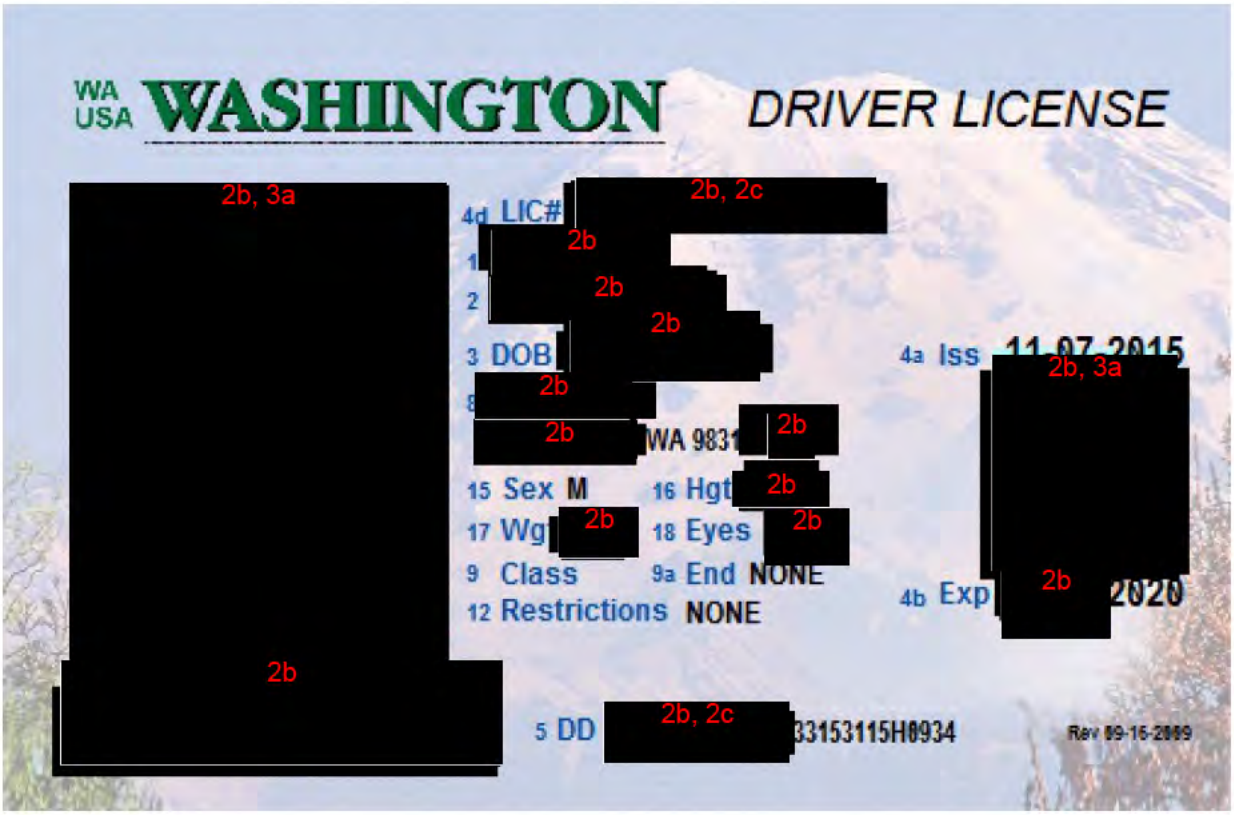
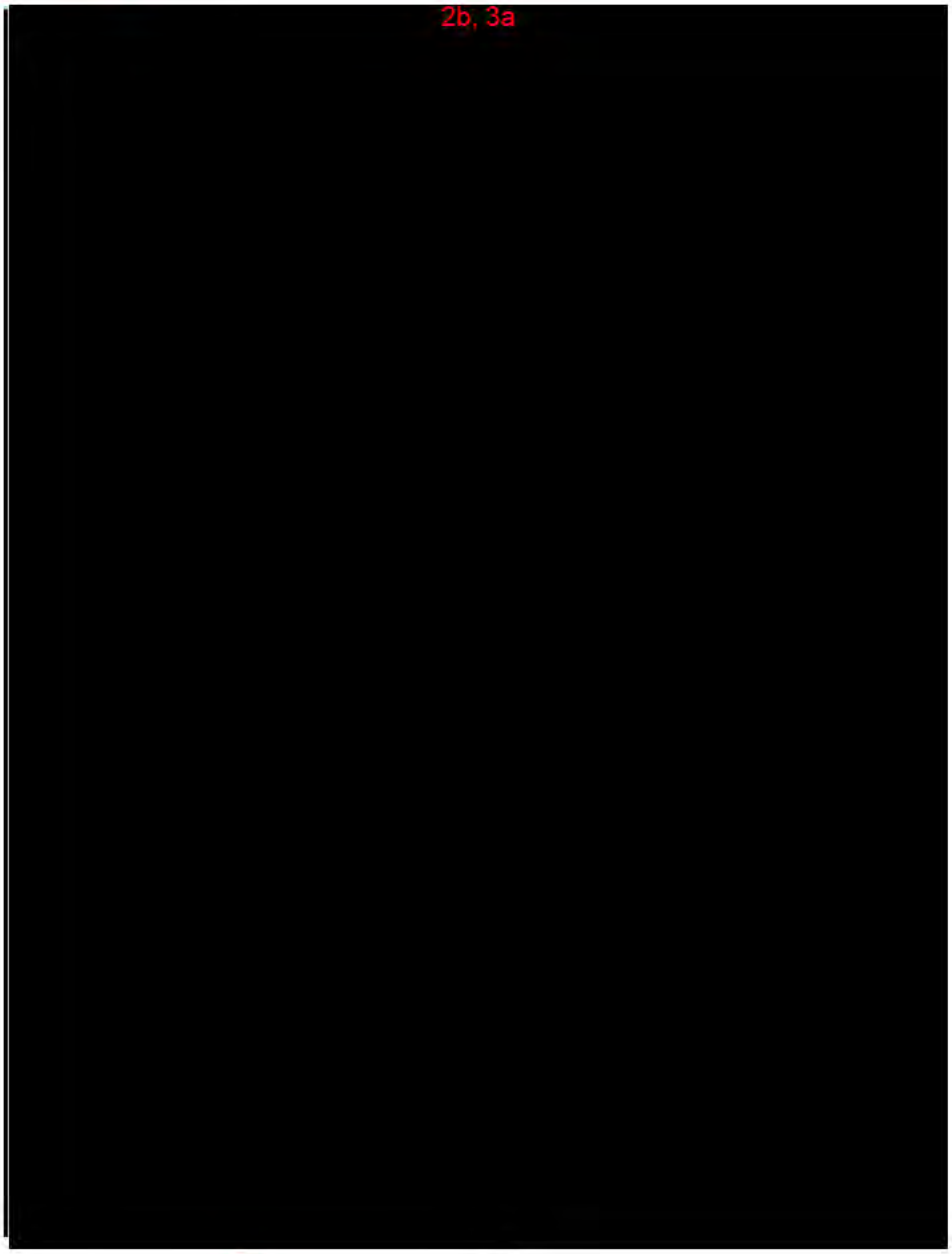
DFS 131

2b, 2c DCASE/D15062/DDLAP



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **33153115H0934**
LAST NAME [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **11-07-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


ICE
U S
OFFICER

From: DOL INT Fraud
To: "Miranda, Miguel R"
Subject: RE: PICS/APP
Date: Tuesday, December 12, 2017 7:44:51 AM
Attachments: [redacted] Photo_Card_Sig.pdf
image001.png

THE APP IS OLD FORMAT THAT WILL HAVETO BE PULLED AND SENT LATER. WE HAVE HIS TRUE UNDER [redacted]

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Miranda, Miguel R [mailto:Miguel.R.Miranda@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 7:40 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: PICS/APP

Greetings,
Please send DL photo(s), license image(s), (both large format and driver license card format), and application for the following individual(s):

[redacted]

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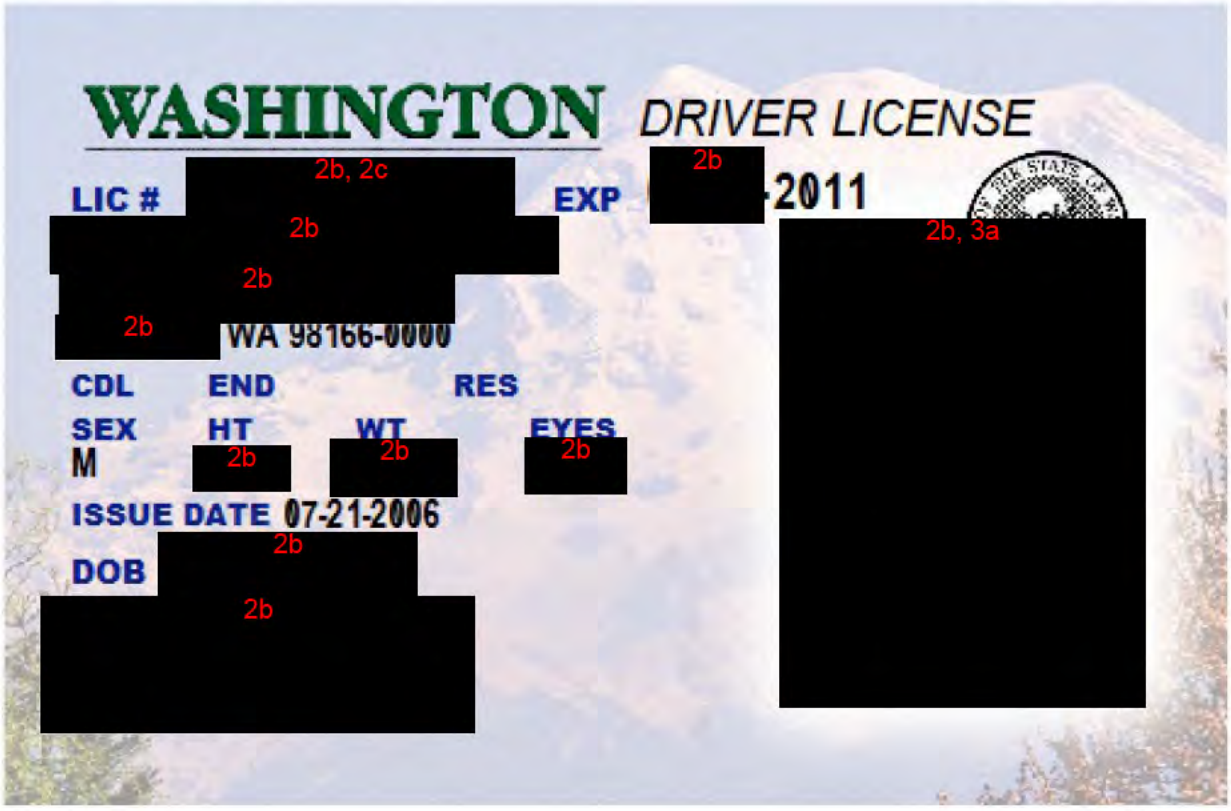
Miguel R. Miranda Jr.
Deportation Officer
Fugitive Operations

Immigration and Customs Enforcement
Enforcement and Removal Operations
Seattle Field Office
12500 Tukwila International Blvd.
Seattle, WA 98168
Fax: 206-835-0095

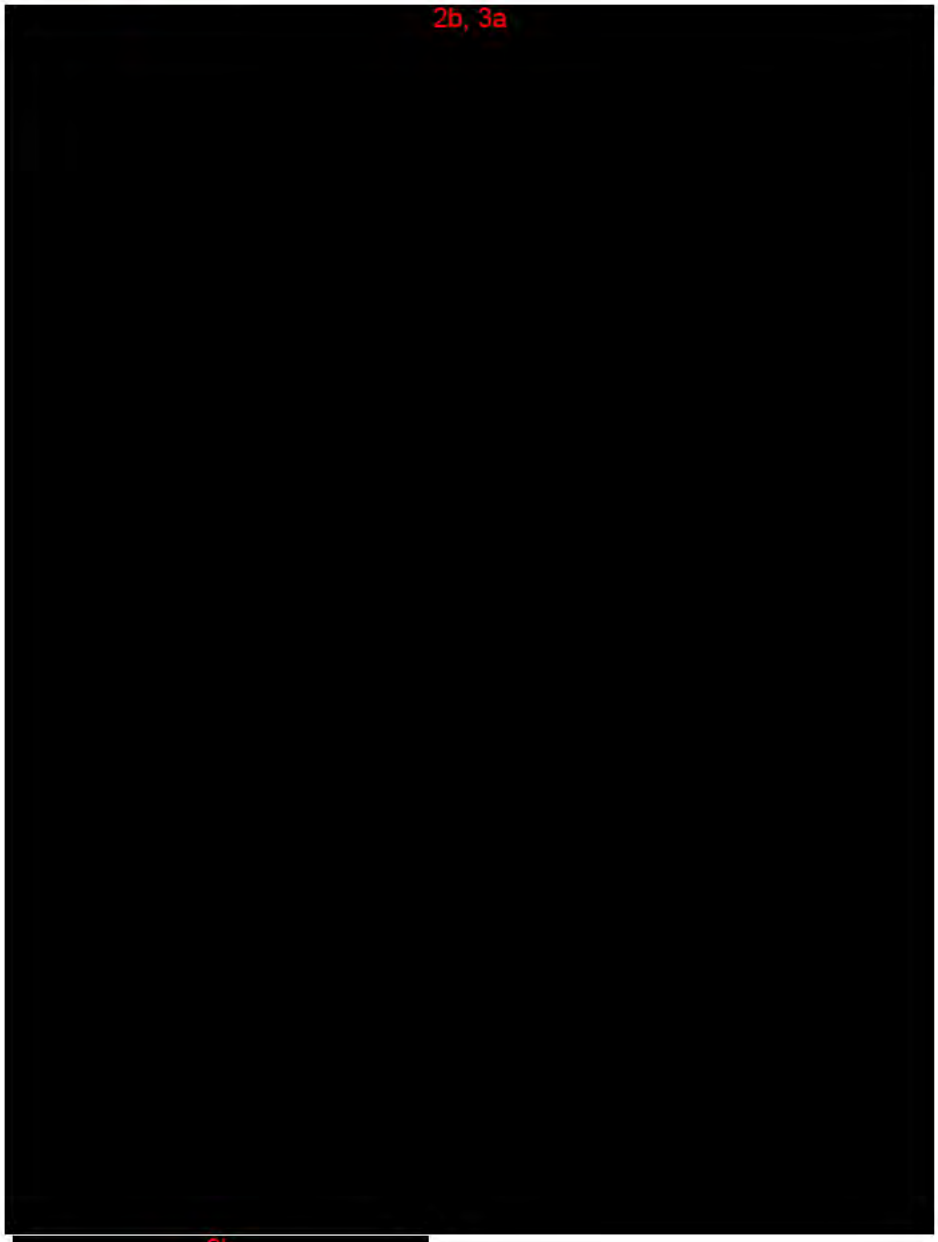


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: 320620244A1223
LAST NAME: 2b
FIRST NAME 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **07-21-2006**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


ICE
U S
OFFICER

From: DOL INT Fraud
To: "Miranda, Miguel R"
Subject: RE: PICS/APP
Date: Wednesday, December 13, 2017 12:17:33 PM
Attachments: Capture.JPG
[redacted] Photo_Card_Sig.pdf
image001.png

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Miranda, Miguel R [mailto:Miguel.R.Miranda@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:16 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: PICS/APP

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Miguel R. Miranda Jr.
Deportation Officer
Fugitive Operations

Immigration and Customs Enforcement
Enforcement and Removal Operations
Seattle Field Office
12500 Tukwila International Blvd.
Seattle, WA 98168
Fax: 206-835-0095

6C T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1311709476C App type 31
Exam fee # B000001
Exam fee date 06-03-2015
App fee date
CTL #

Social Security number - Mandatory for identification and child support laws, 42 USC 405 and 666(a), RCW 26.23.150. Kept on file at DOL.	Driver license number	Expiration date	Military
[redacted]	2b, 2c	-- --	☐ Yes ☑ No

Name (Last, First, Middle)
2b

Residence address
2b

City	State	ZIP code	County
2b	WA	9831 2b	KITSAP

Mailing address (if different)

City	State/Province	ZIP code	Country
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(Area code) Telephone number	Gender	Height	Weight	Eye color	Date of birth
2b	☑ Male ☐ Female	2b	2b	2b	2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
SAN MARTIN	HUEHUETENANGO	GUATEMALA

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
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1. Have you had a license before? ☑ Yes ☐ No
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Address if different

X
Guardian signature

Identification

Office use only

Previous ID type	ID presented	Valid
License	2b, 2c	☐ Yes ☑ No

Acuity			Fusion	Field	Color
☐ with correction ☑ w/o correction	Left: 20/040	Right: 20/040 Both: 20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

	1st test	2nd test	3rd test	4th test
Knowledge exam	S0 029 04-27-2013	S3 046 11-29-2014	S4 046 01-31-2015	DS 080 03-02-2015
Driving test	081 03-02-2015			

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
--	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
6C466;WA ID XP 15

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epadilla 466
Licensing services representative

X 2b
Applicant signature

3/3/2015
Date signed

KENNEWICK
Place signed

DLE 520-076 (R/7/12)E

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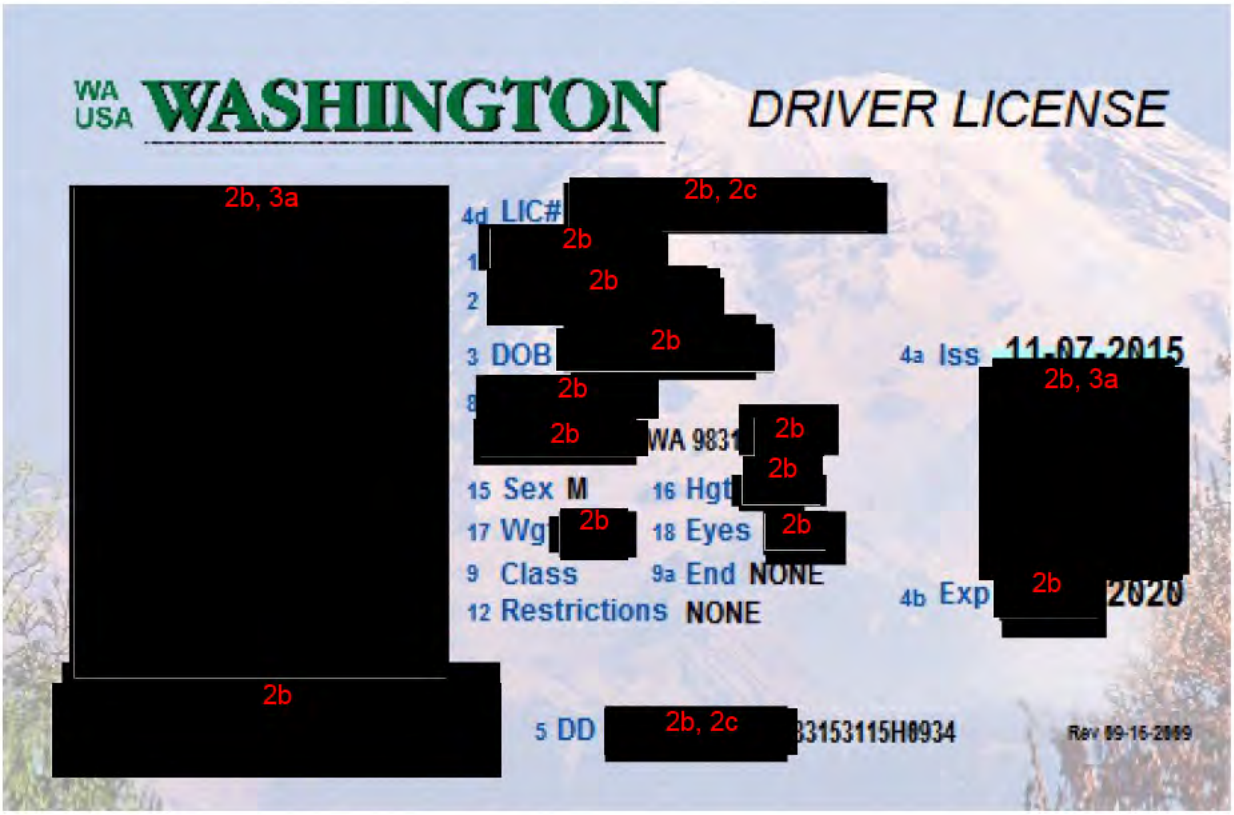
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

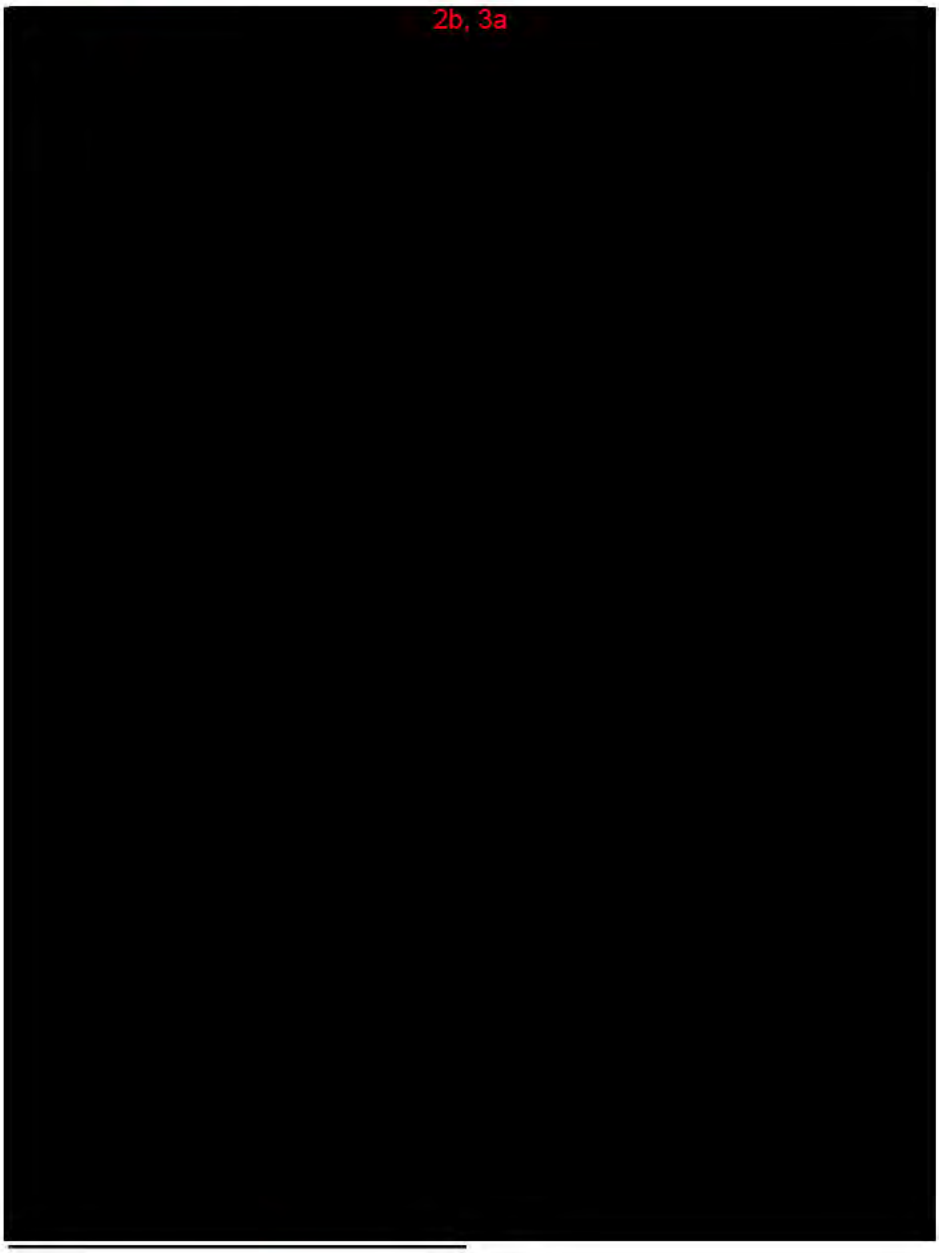
DFS 131

2b, 2c DCASE/D15062/DDLAP



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **33153115H0934**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **11-07-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


ICE
U S
OFFICER

From: DOL INT Fraud
To: "McKean, Paul"
Subject: RE: Photo Request
Date: Wednesday, December 13, 2017 12:47:11 PM
Attachments: [redacted] Photo_Card_Sig.pdf
[redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: McKean, Paul [mailto:Paul.W.McKean@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:35 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Photo Request

Good Afternoon,

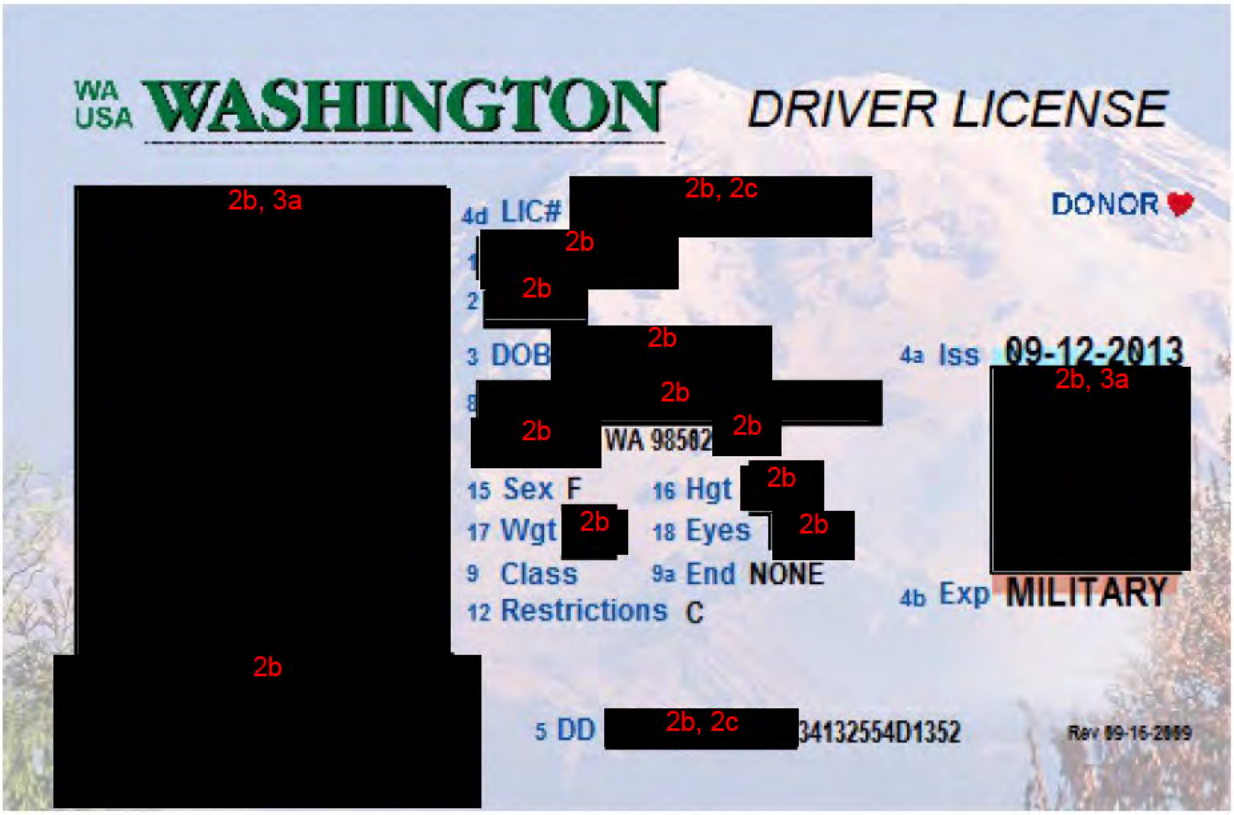
I'm request the following driver's license photos associated with an on-going 18 USC 2251 investigation:

PIC: [redacted]
DOB: [redacted]

PIC: [redacted]
DOB: [redacted]

Thank you,

Paul McKean
Intelligence Research Specialist
Homeland Security Investigations (HSI)
949 Market St, Suite 700
Tacoma, WA 98402
Telephone: 253-383-7932 ext. 238
Cell: 206-786-1029
Fax: 253-593-6382

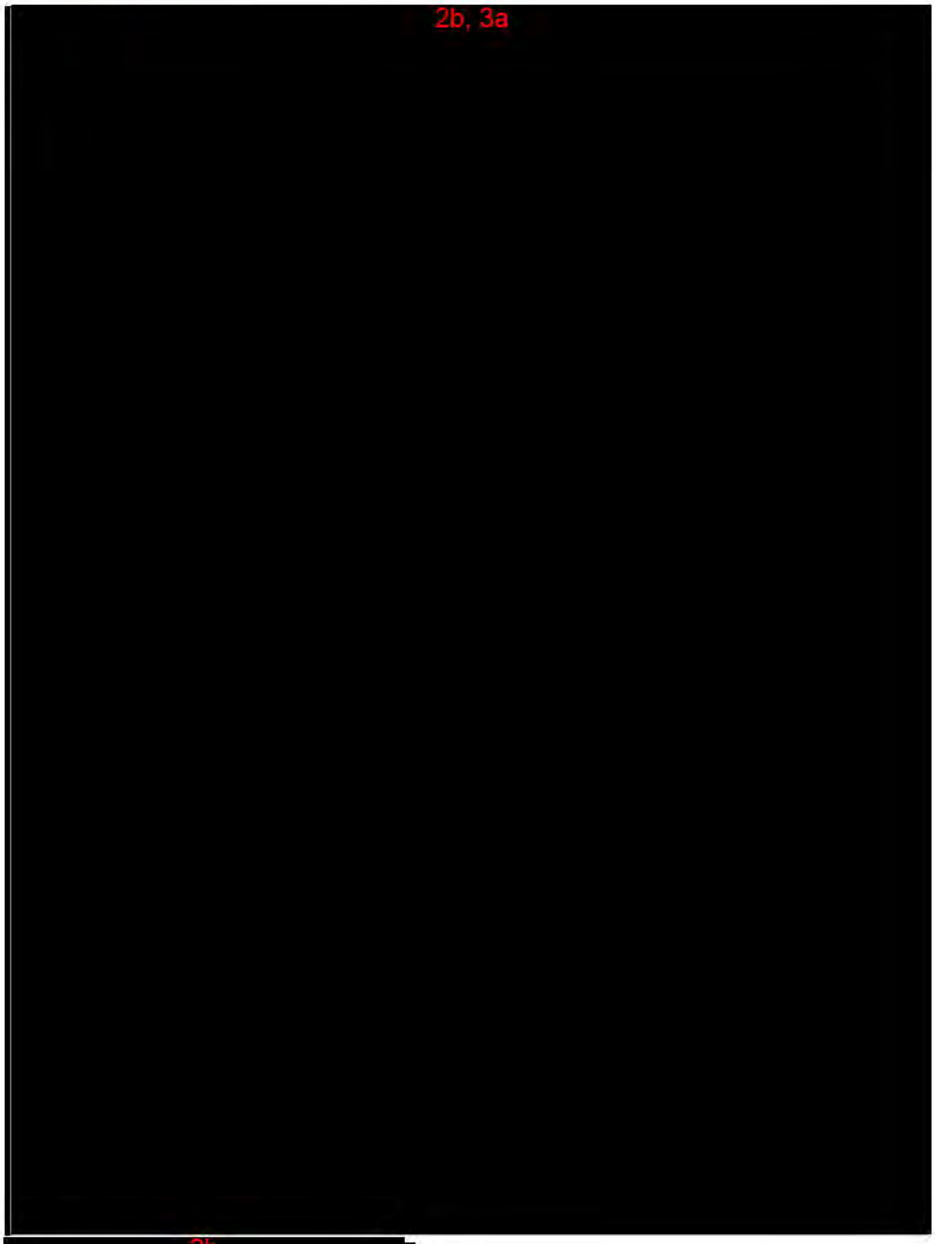


No card back image for given document.

2b, 2c

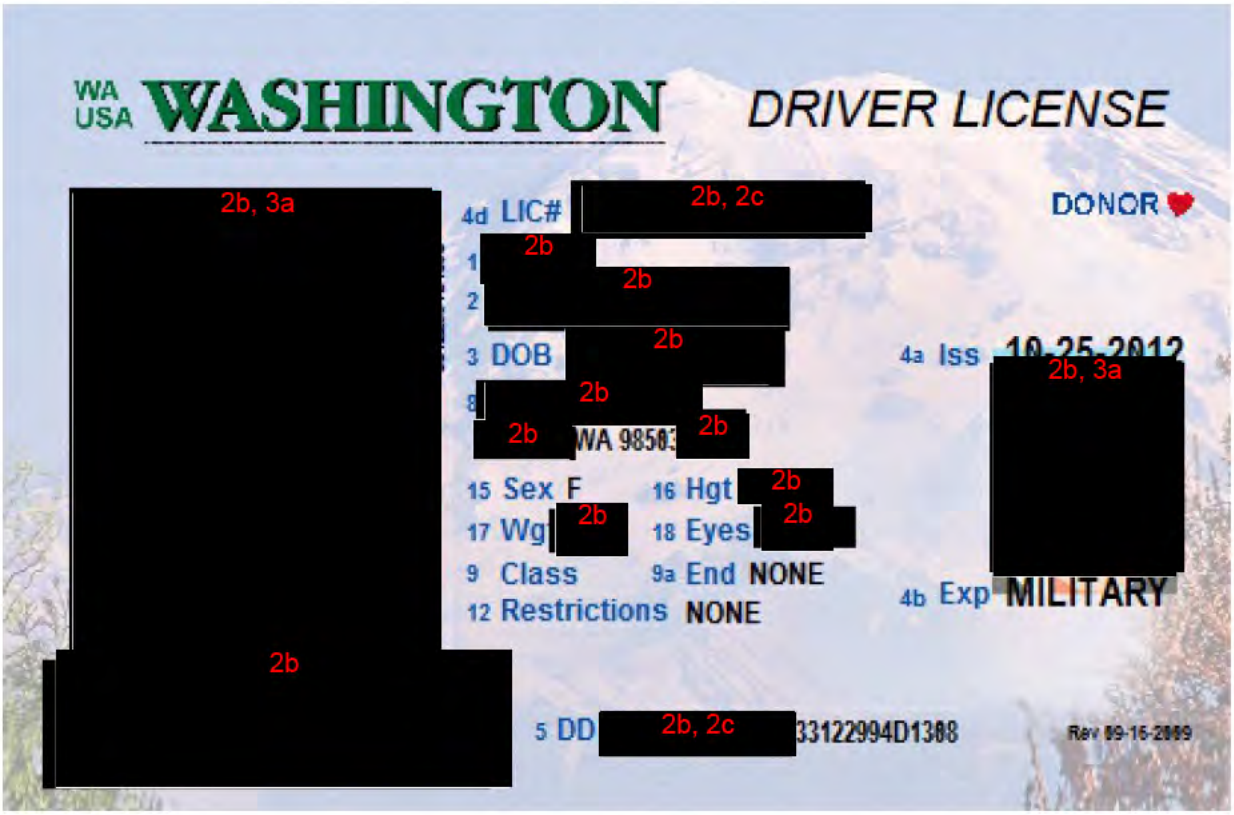
2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **34132554D1352**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-12-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**



No card back image for given document.

2b, 2c

2b

2b, 3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33122994D1308**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME 2b
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **10**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "McKean, Paul"
Subject: RE: Photo Request
Date: Wednesday, December 13, 2017 11:23:46 AM
Attachments: [redacted] Photo_Sig.pdf
[redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: McKean, Paul [mailto:Paul.W.McKean@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 11:22 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Photo Request

Good Morning,

I'm request the following driver's license photos associated with an on-going 18 USC 2251 investigation:

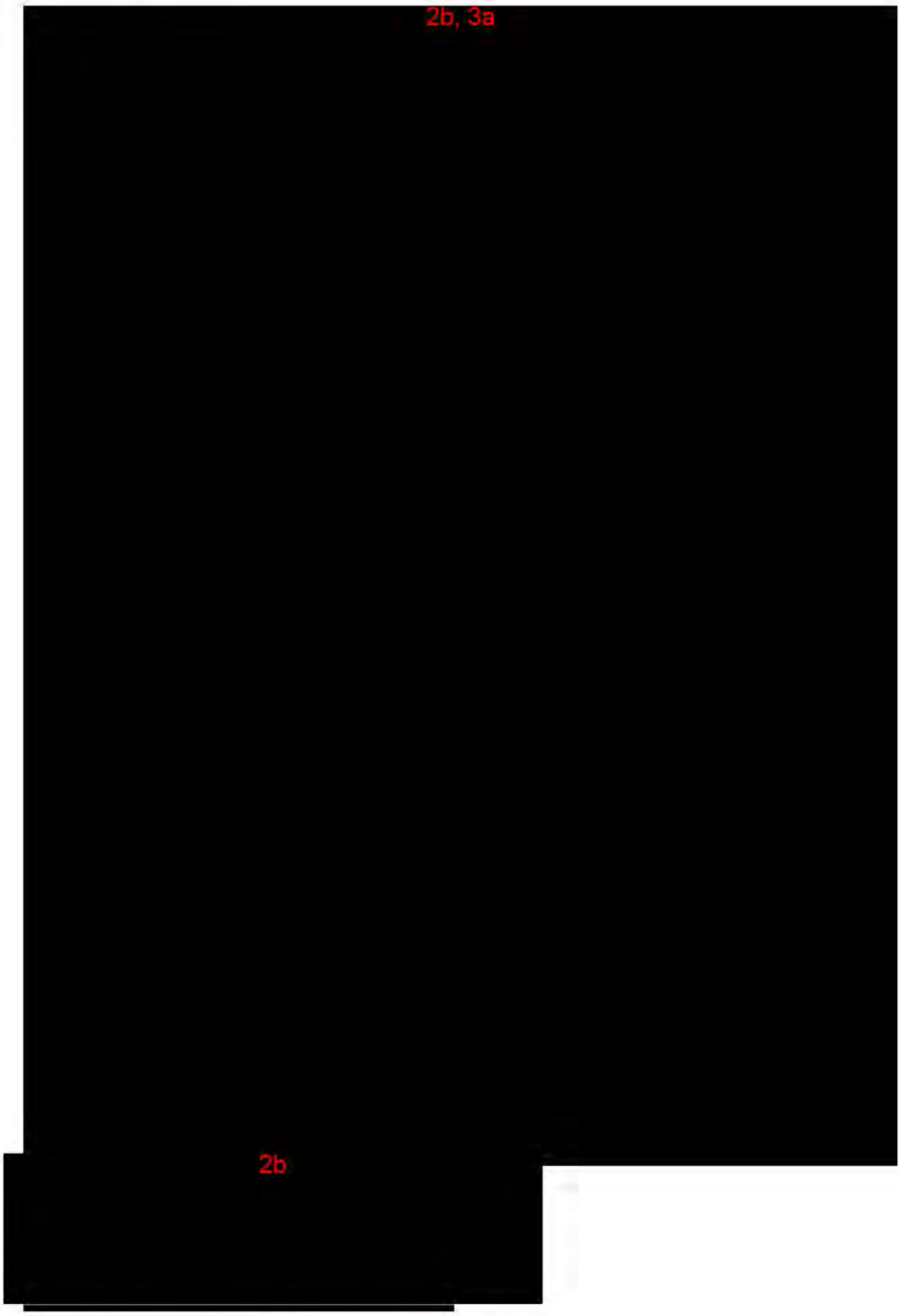
PIC: [redacted]
DOB: [redacted]

PIC: [redacted]
DOB: [redacted]

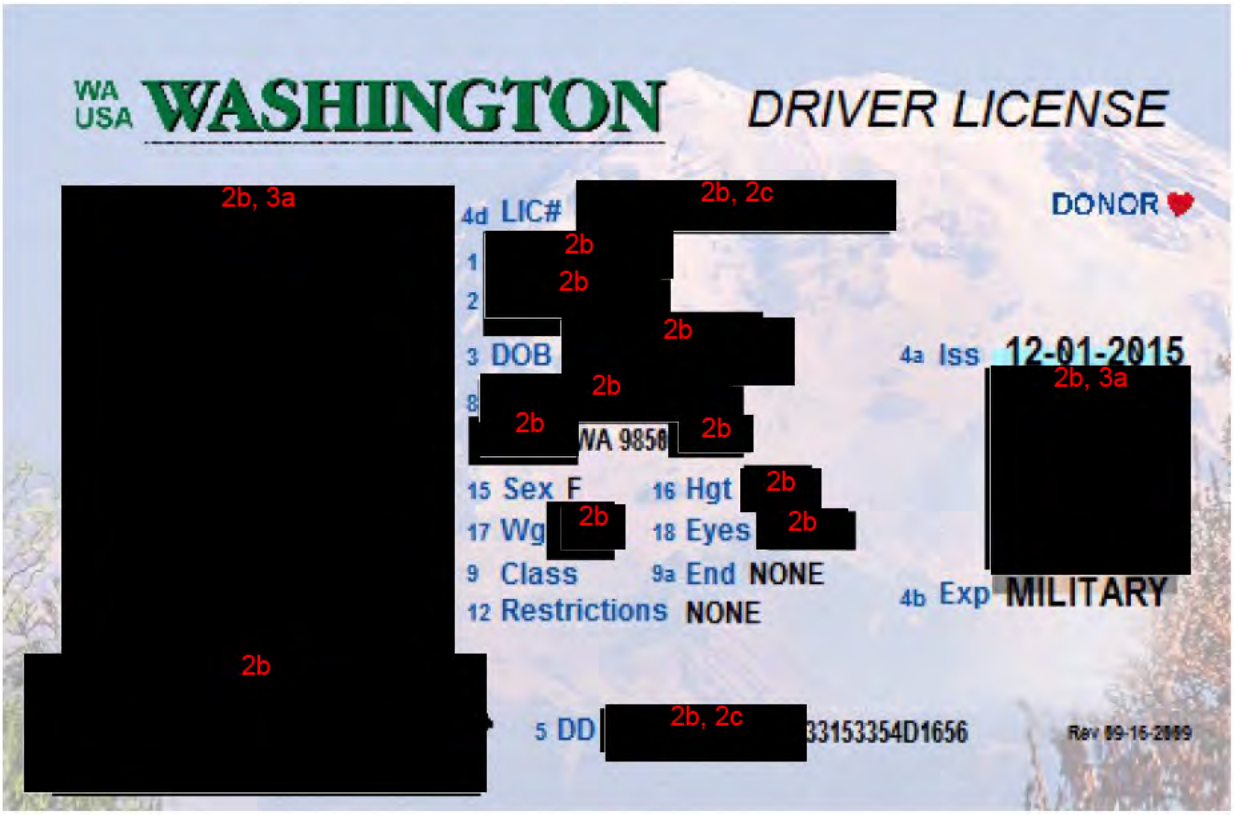
Thank you,

Paul McKean
Intelligence Research Specialist
Homeland Security Investigations (HSI)
949 Market St, Suite 700
Tacoma, WA 98402
Telephone: 253-383-7932 ext. 238
Cell: 206-786-1029
Fax: 253-593-6382

[redacted] [redacted]

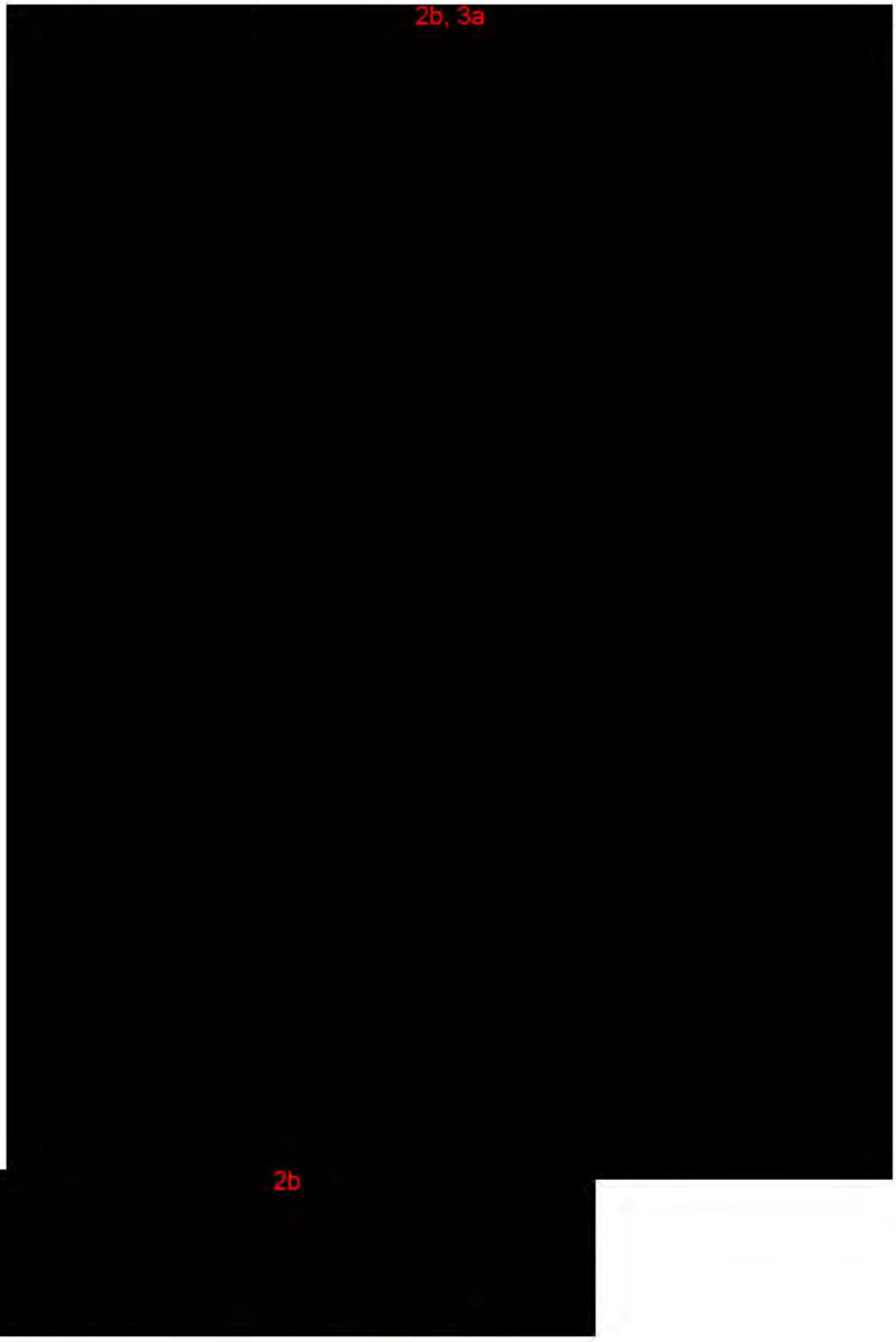


LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **22172434D1442**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME [redacted]
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **08-31-2017**
PRODUCTION STATUS: **Mailed to Customer**



No card back image for given document.

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NU[redacted]E : 3[redacted]53354D1656
LAST NAME [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **12-01-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "McKean, Paul"
Subject: RE: Photo Request
Date: Wednesday, December 13, 2017 11:23:46 AM
Attachments: [redacted] Photo_Sig.pdf
[redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: McKean, Paul [mailto:Paul.W.McKean@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 11:22 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Photo Request

Good Morning,

I'm request the following driver's license photos associated with an on-going 18 USC 2251 investigation:

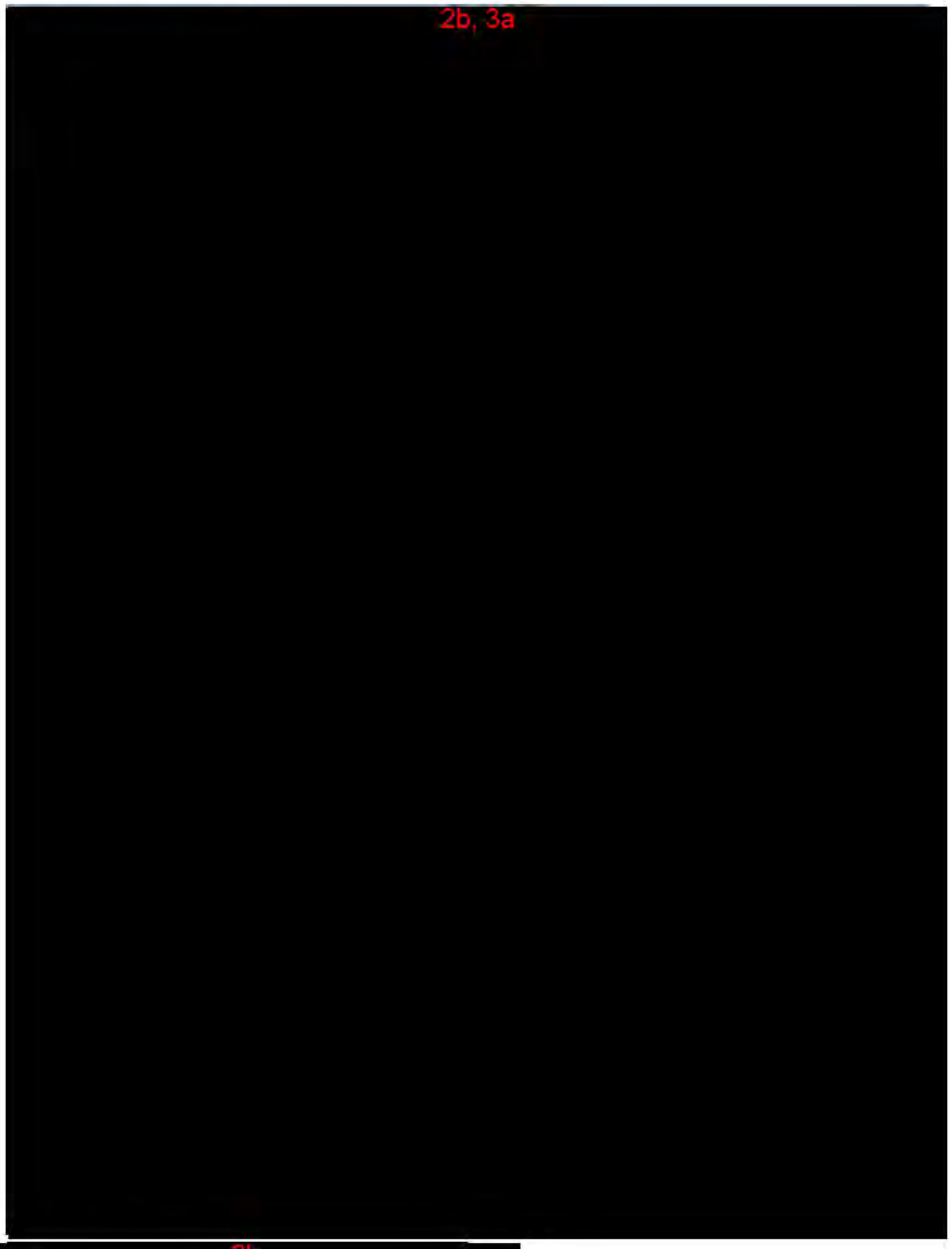
PIC: [redacted]
DOB: [redacted]

PIC: [redacted]
DOB: [redacted]

Thank you,

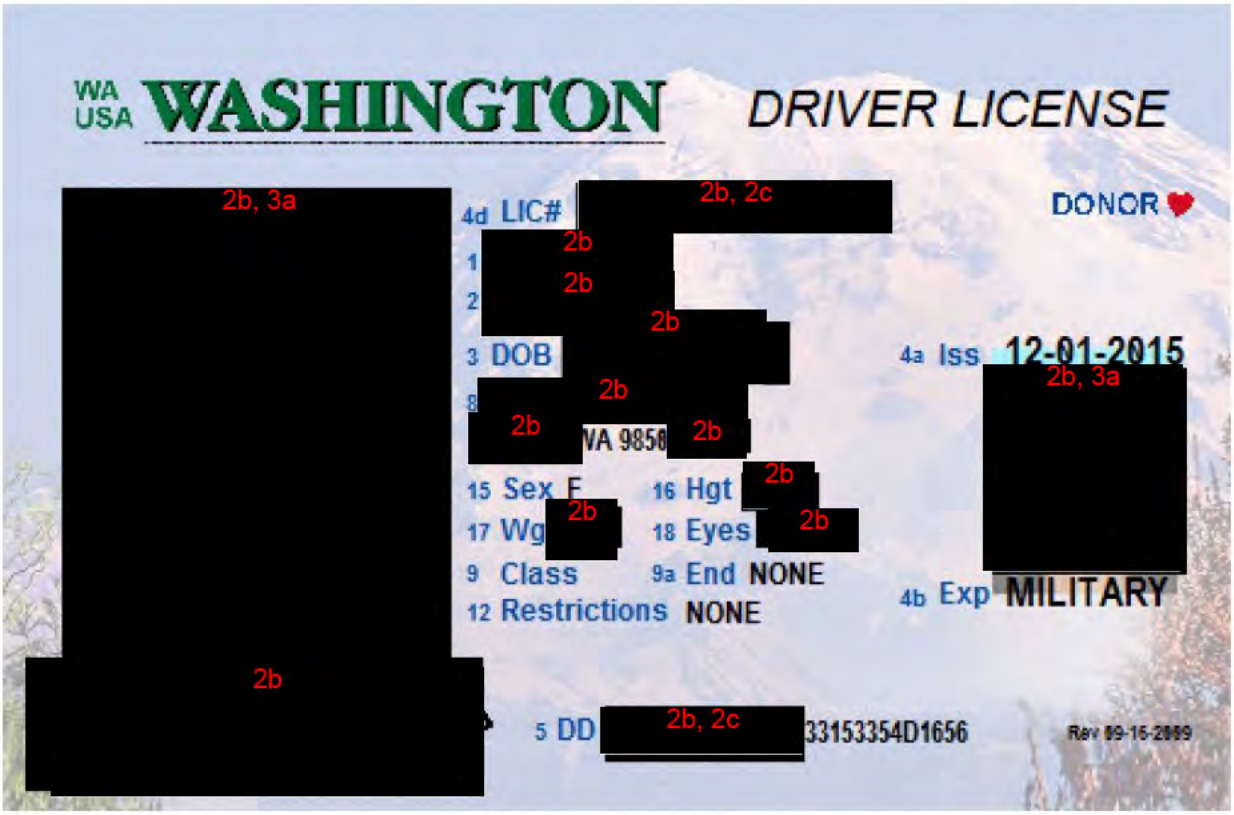
Paul McKean
Intelligence Research Specialist
Homeland Security Investigations (HSI)
949 Market St, Suite 700
Tacoma, WA 98402
Telephone: 253-383-7932 ext. 238
Cell: 206-786-1029
Fax: 253-593-6382

[redacted] [redacted]

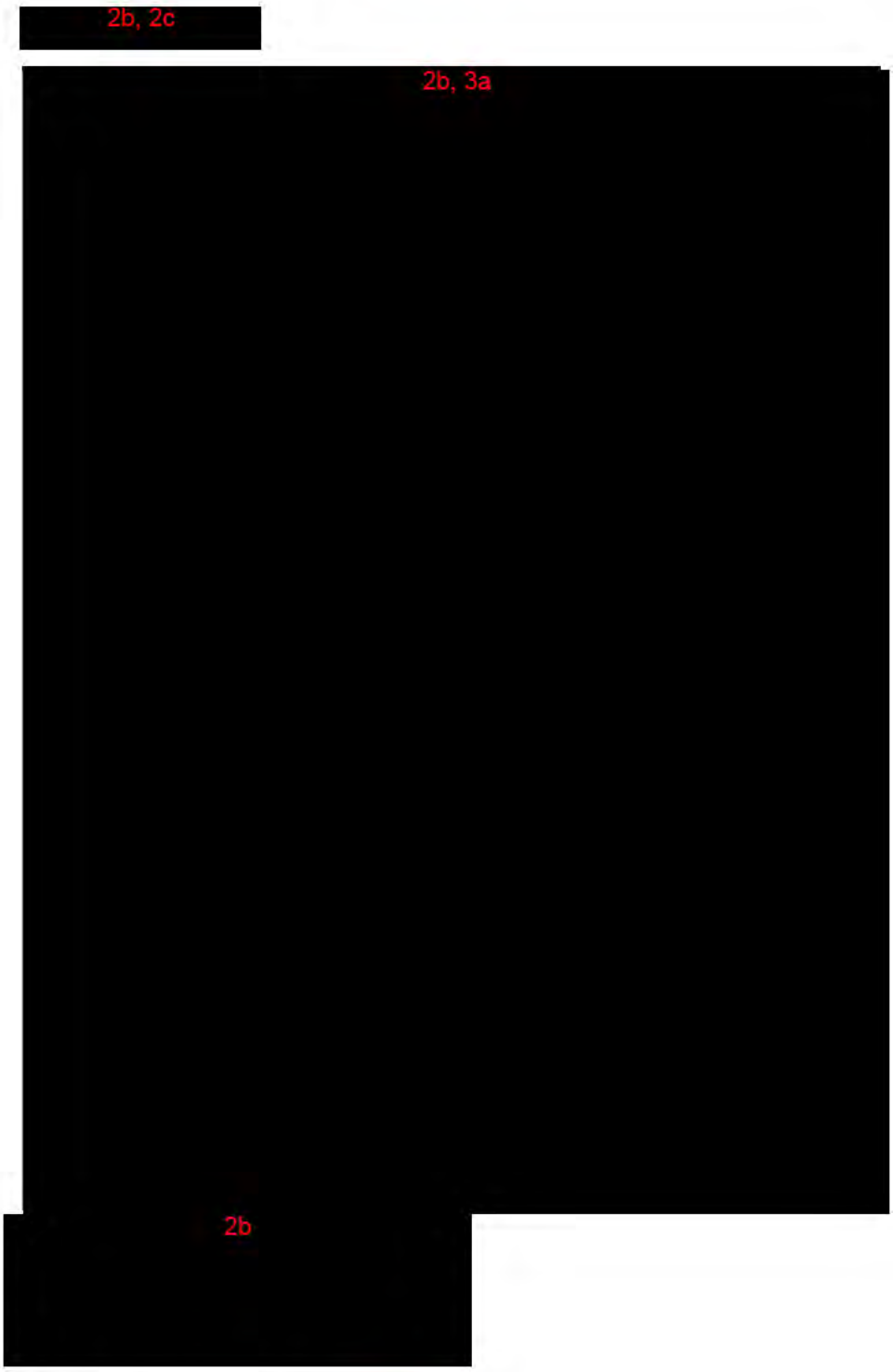


[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **22172434D1442**
LAST NAME: [redacted]
FIRST NAME [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **08-31-2017**
PRODUCTION STATUS: **Mailed to Customer**



No card back image for given document.



LICENSE NUMBER (PIC):
CONTROL NUMBER: **33153354D1656**
LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH:
ISSUE DATE: **12-01-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "McKean, Paul"
Subject: RE: Photo Request
Date: Wednesday, December 13, 2017 12:47:11 PM
Attachments: [redacted] Photo_Card_Sig.pdf
[redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: McKean, Paul [mailto:Paul.W.McKean@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 12:35 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Photo Request

Good Afternoon,

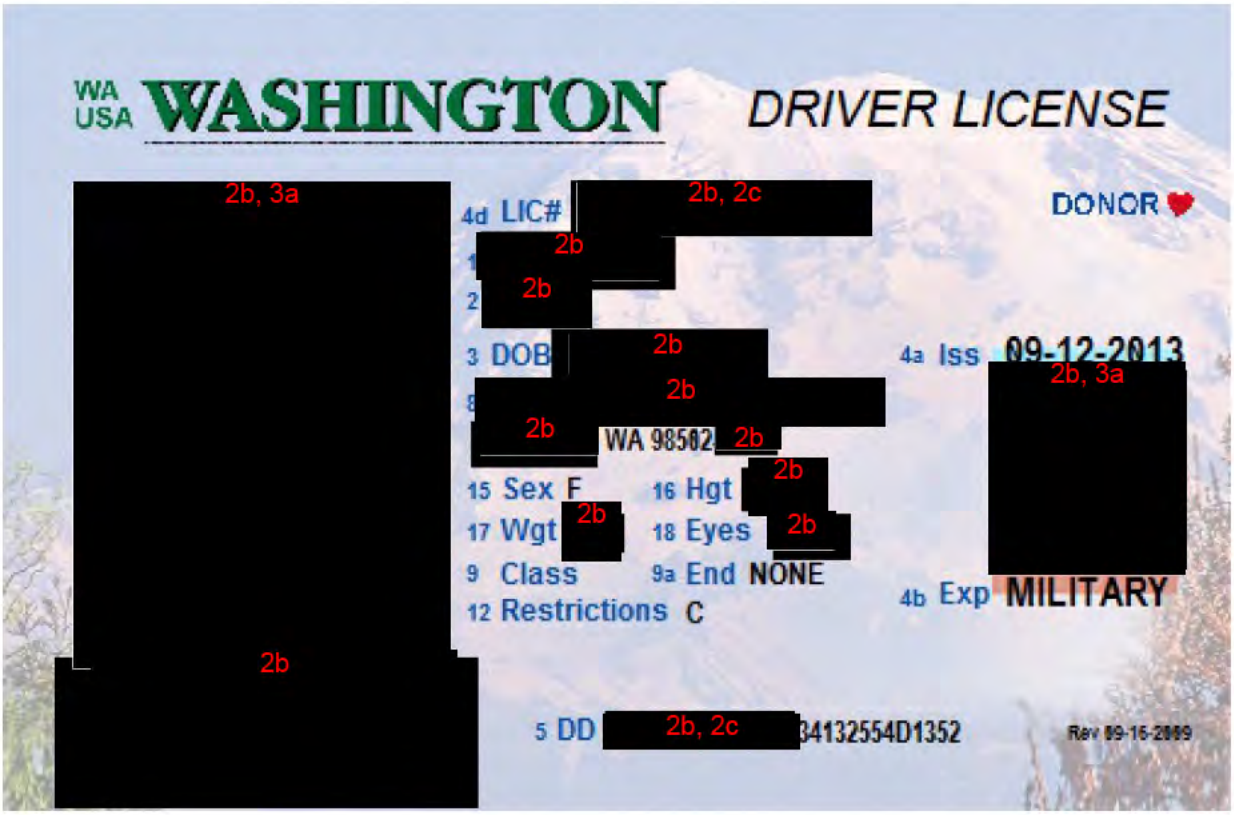
I'm request the following driver's license photos associated with an on-going 18 USC 2251 investigation:

PIC: [redacted]
DOB: [redacted]

PIC: [redacted]
DOB: [redacted]

Thank you,

Paul McKean
Intelligence Research Specialist
Homeland Security Investigations (HSI)
949 Market St, Suite 700
Tacoma, WA 98402
Telephone: 253-383-7932 ext. 238
Cell: 206-786-1029
Fax: 253-593-6382



No card back image for given document.

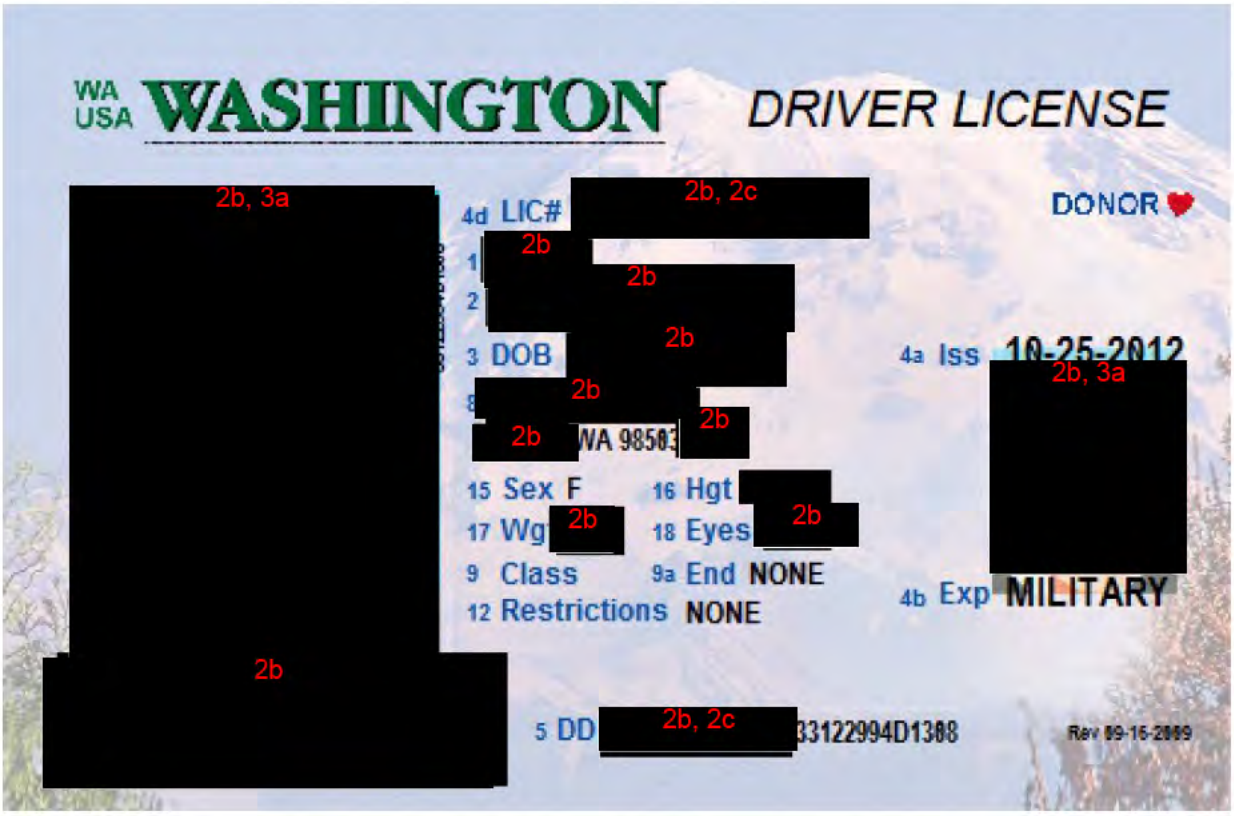
2b, 2c

2b

2b, 3a

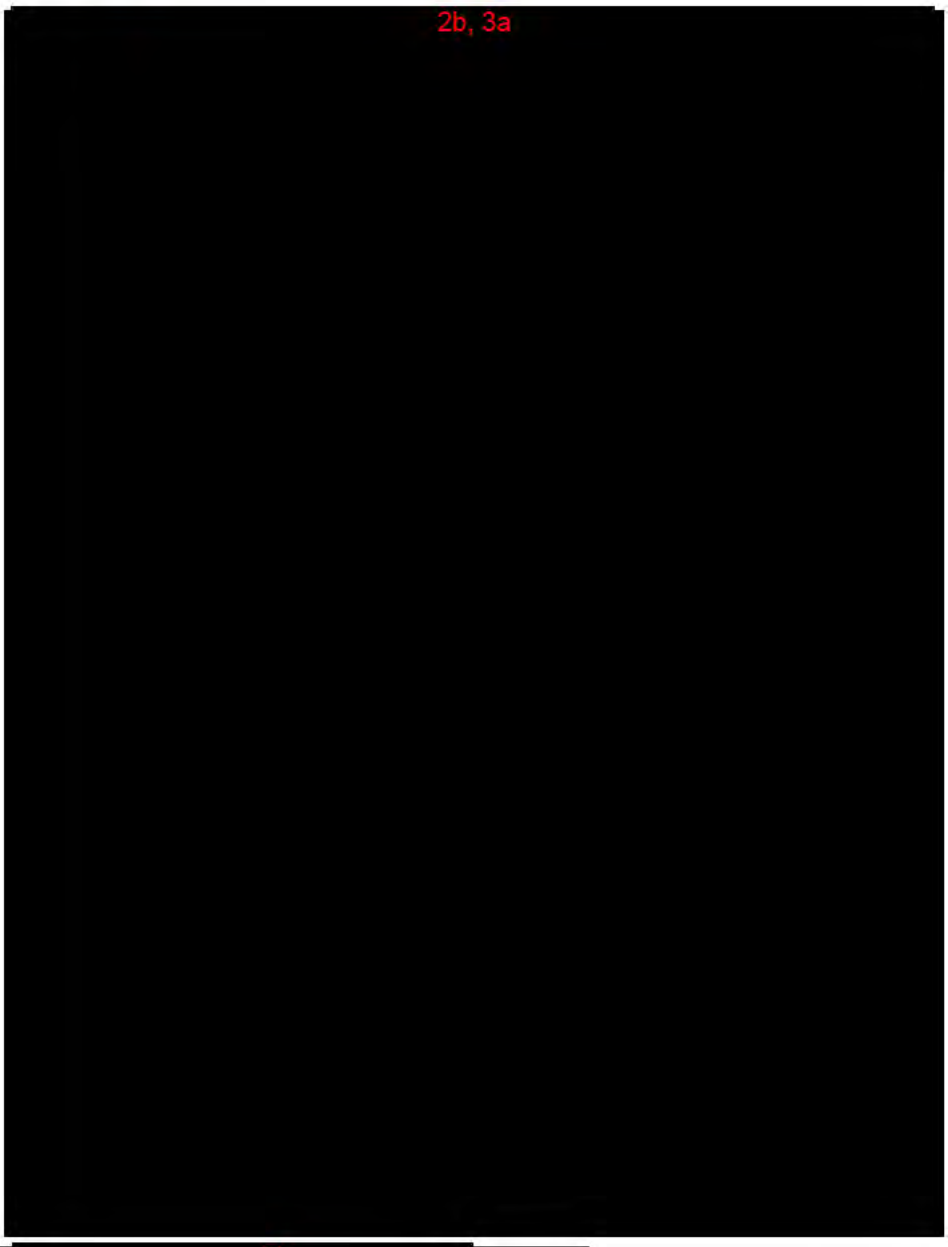
2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **34132554D1352**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-12-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **33122994D1308**
LAST NAME: [redacted]
FIRST NAME [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: **08-07-1991**
ISSUE DATE: **10-25-2012**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Kordus, Melantha A"
Subject: RE: Pics and Application
Date: Tuesday, December 12, 2017 1:46:44 PM
Attachments: Capture.JPG
[redacted] Photo_Card_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Kordus, Melantha A [mailto:Melantha.A.Kordus@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:44 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Pics and Application

Please send DL photo(s), license image(s), (both large format and driver license card format), and application for the following individual(s):

[redacted]

Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation of possible violations of the Immigration and Nationality Act § 8 USC 1326
by the aforementioned individuals.

Thank you

Melantha Kordus
Deportation Officer
DHS/ICE/ERO
Mobile Criminal Alien Team
Seattle Field Office
12500 Tukwila International BLVD

Seattle WA 98168
Cell: 210-386-7819
Fax: 206-835-0095

State of Washington - Department of Licensing 3D T
Record of Application Application Number: 0923313343D 3D

Appl type: 31 Exam Fee #: C000017 Exam Fee Date: 12-03-2009 CTL #: 092543D0933

Social Security #: [redacted] Expiration Date: [redacted] 2014
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98198-[redacted] County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birth City: SALVADOR ALVARAD
Birth St/Prov: SINALOA Birth Country: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: [redacted]
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] WAID [redacted]
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____
IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE:	01-091	04-28-2009				
DRIVING:	076	09-03-2009	080	09-11-2009		
SCHEDULED DRIVE TEST:	282	09-03-2009	3D			

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS: EDL: NO
R1: R2:
Enhanced Card Application Status: Portfolio Status:

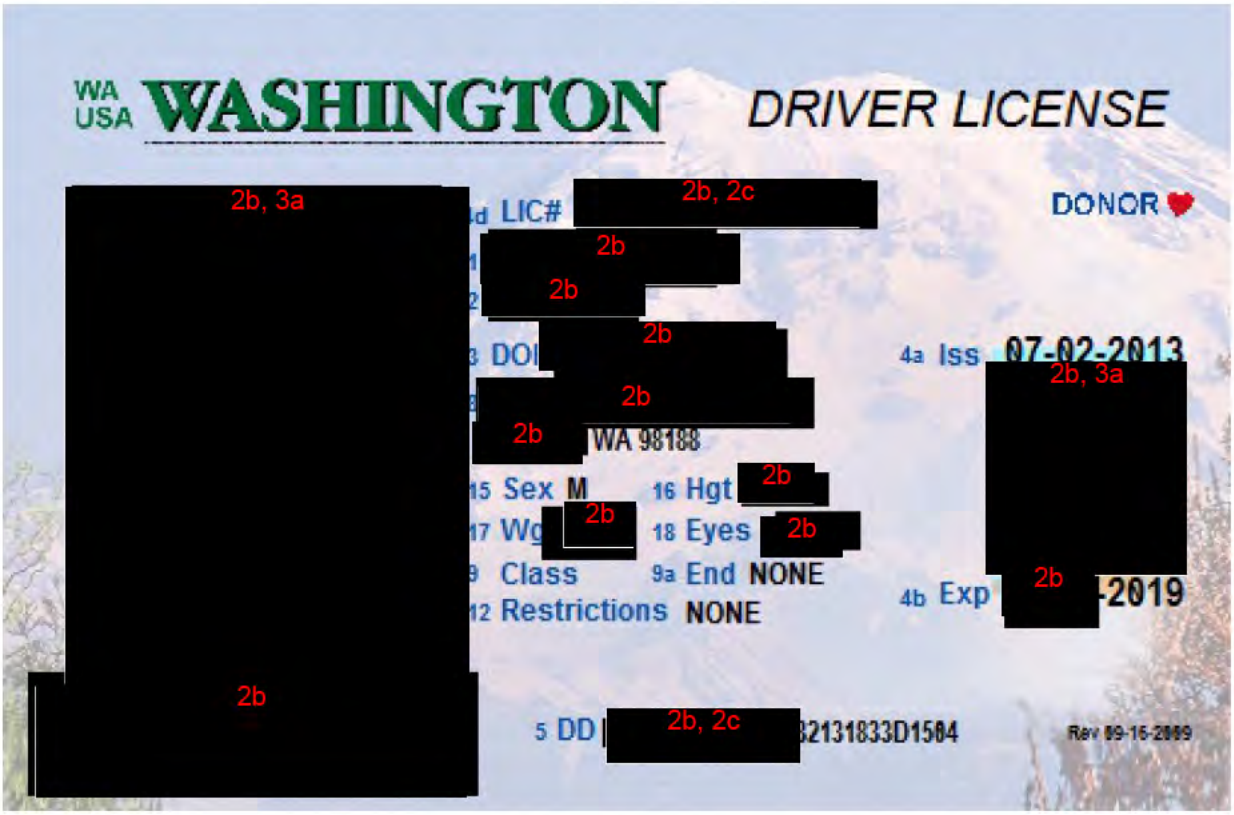
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506

LSR _____ (282) Signature: [redacted]

Date: 9/11/09 Place of Signature: KENT

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131



No card back image for given document.

[redacted] [redacted]

[redacted]

[redacted]

LICENSE NUMBER (PIC) [redacted]
CONTROL NUMBER: **32131833D1504**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **07-02-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Kordus, Melantha A"
Subject: RE: Pics and Application
Date: Tuesday, December 12, 2017 1:46:44 PM
Attachments: Capture.JPG
[redacted] Photo_Card_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Kordus, Melantha A [mailto:Melantha.A.Kordus@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:44 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Pics and Application

Please send DL photo(s), license image(s), (both large format and driver license card format), and application for the following individual(s):

[redacted]

Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation of possible violations of the Immigration and Nationality Act § 8 USC 1326
by the aforementioned individuals.

Thank you

Melantha Kordus
Deportation Officer
DHS/ICE/ERO
Mobile Criminal Alien Team
Seattle Field Office
12500 Tukwila International BLVD

Seattle WA 98168
Cell: 210-386-7819
Fax: 206-835-0095

State of Washington - Department of Licensing 3D T
Record of Application Application Number: 0923313343D 3D

Appl type: 31 Exam Fee #: C000017 Exam Fee Date: 12-03-2009 CTL #:092543D0933

Social Security #: [redacted] Expiration Date: [redacted] 2014
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98198-[redacted] County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birth City: SALVADOR ALVARAD
Birth St/Prov: SINALOA Birth Country: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name [redacted]
Telephone: [redacted]
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] WAID [redacted]
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____
IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE:	01-091	04-28-2009	-	- -	-	- -	-	- -
DRIVING:	076	09-03-2009	080	09-11-2009		- -		- -
SCHEDULED DRIVE TEST:	282	09-03-2009	3D					

RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS: EDL: NO
R1: R2:
Enhanced Card Application Status: Portfolio Status:

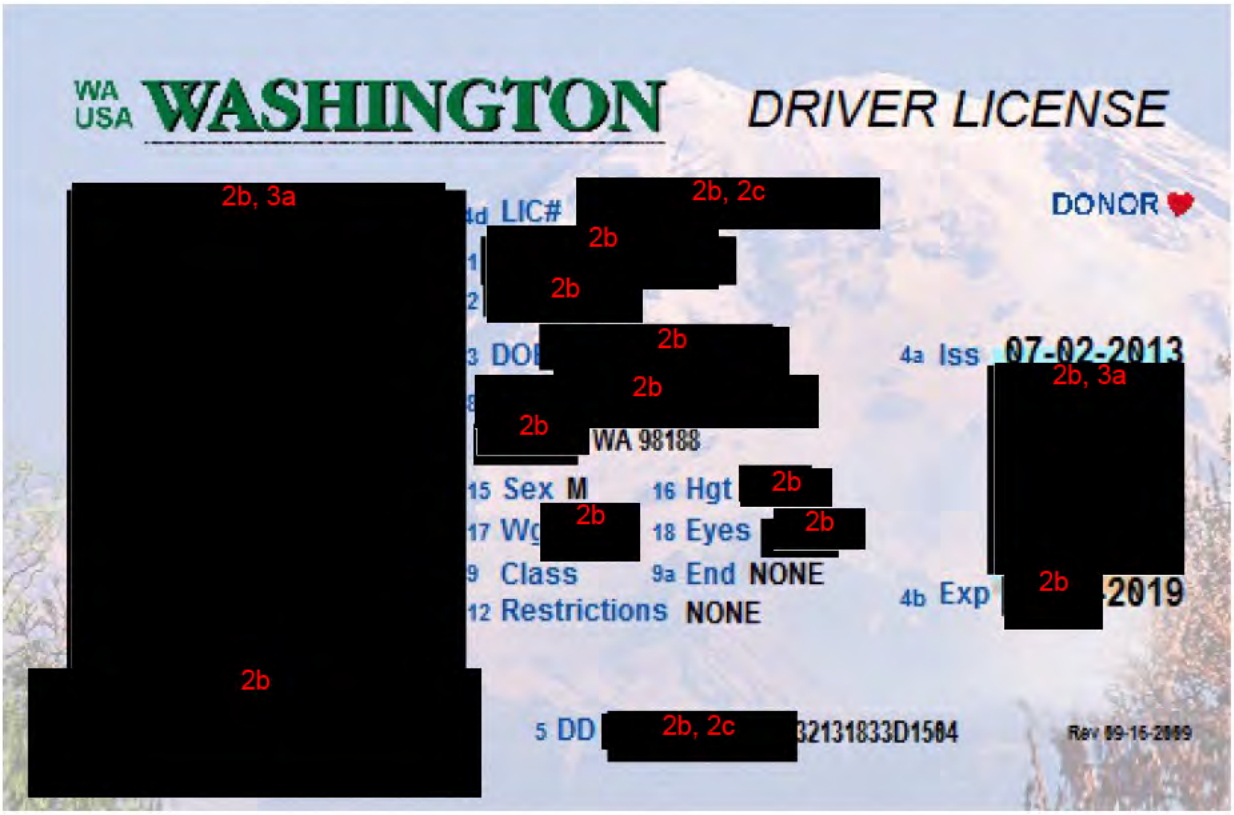
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington law RCW 46.20.308 and RCW 46.61.506

LSR _____ (282) Signature [redacted]

Date: 9/11/09 Place of Signature: KENT

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131

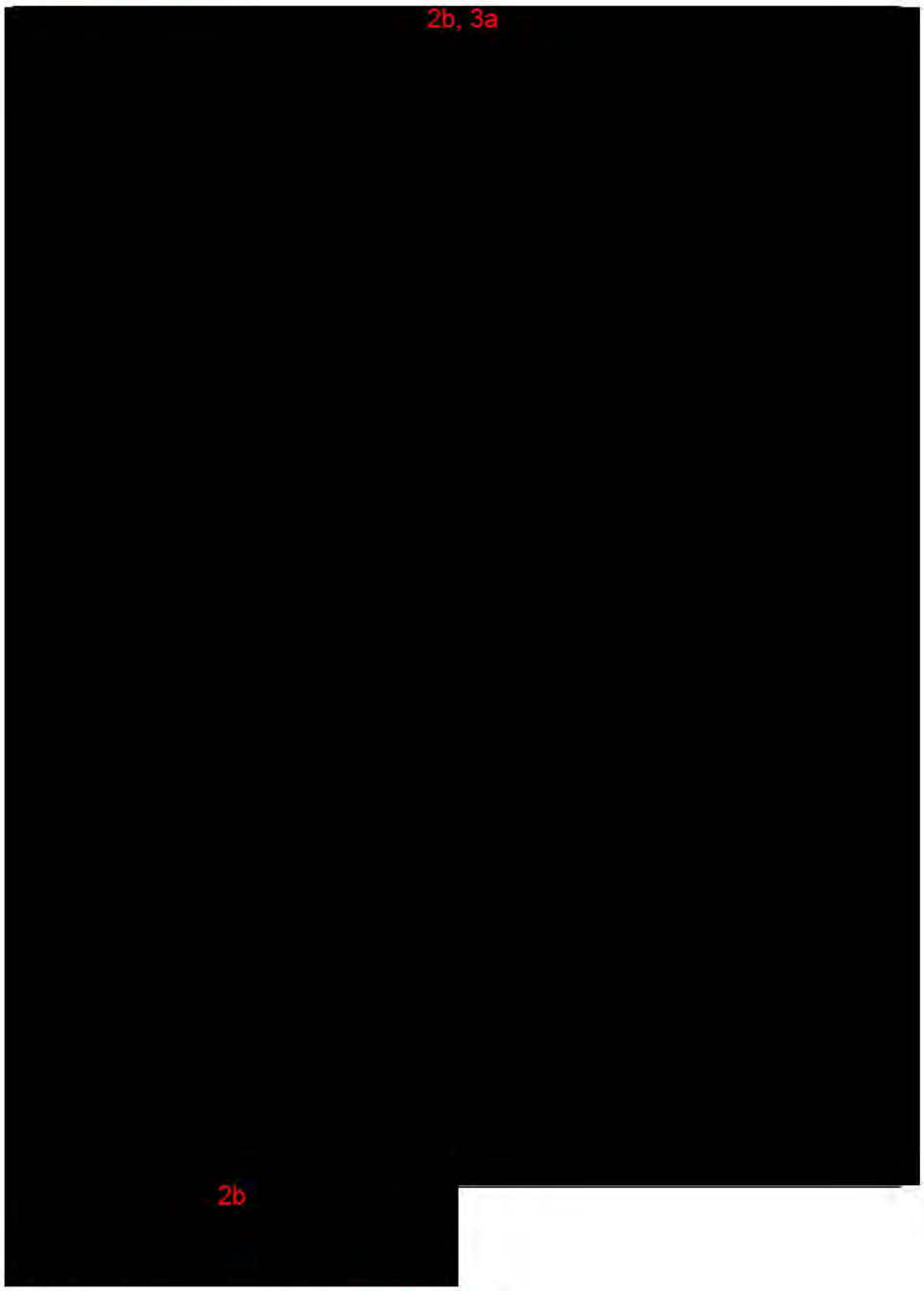


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **321318333D1504**
LAST NAME: 2b
FIRST NAME 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **07**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "jason.b.royal@ice.dhs.gov"
Subject: RE: Request for DL photos
Date: Tuesday, December 12, 2017 2:27:57 PM
Attachments: 2b, 2c .pdf
2b, 2c .pdf

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division
It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: jason.b.royal@ice.dhs.gov [mailto:jason.b.royal@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:26 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Request for DL photos

To Whom It May Concern:

Pursuant to a criminal investigation being conducted by the Department of Homeland Security relating to narcotics trafficking, please forward a copy of the following driver license photographs in card view format. Please include the large format version of the DL photo as well.

1. **PIC:** 2b, 2c ; **NAME:** 2b ; **DOB:** 2b
2. **PIC:** 2b, 2c **NAME:** 2b **DOB:** 2b

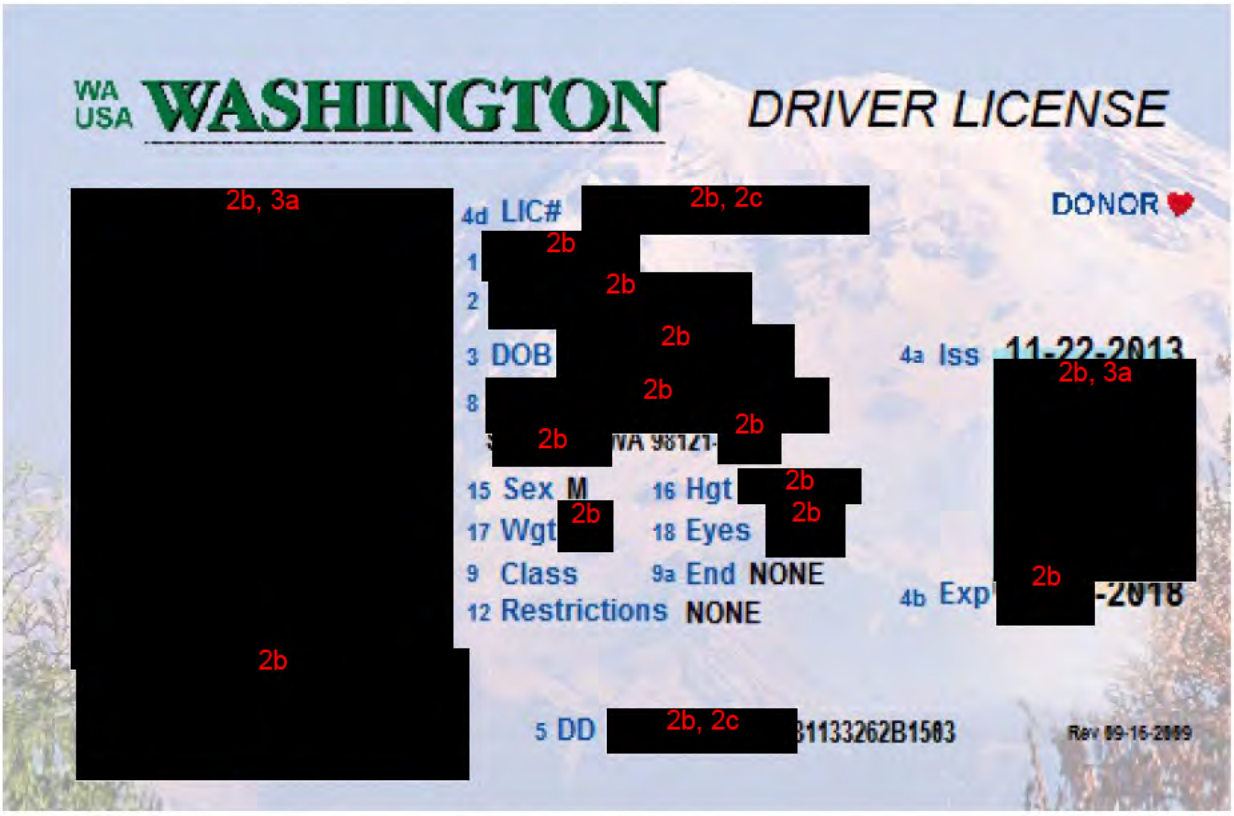
Thank you!

Jason Royal
Intelligence Research Specialist
Homeland Security Investigations
1000 Second Avenue, Suite 2300
Seattle, WA 98104
(206) 442-2281 (office)

(206) 442-2269 (fax)
jason.b.royal@ice.dhs.gov

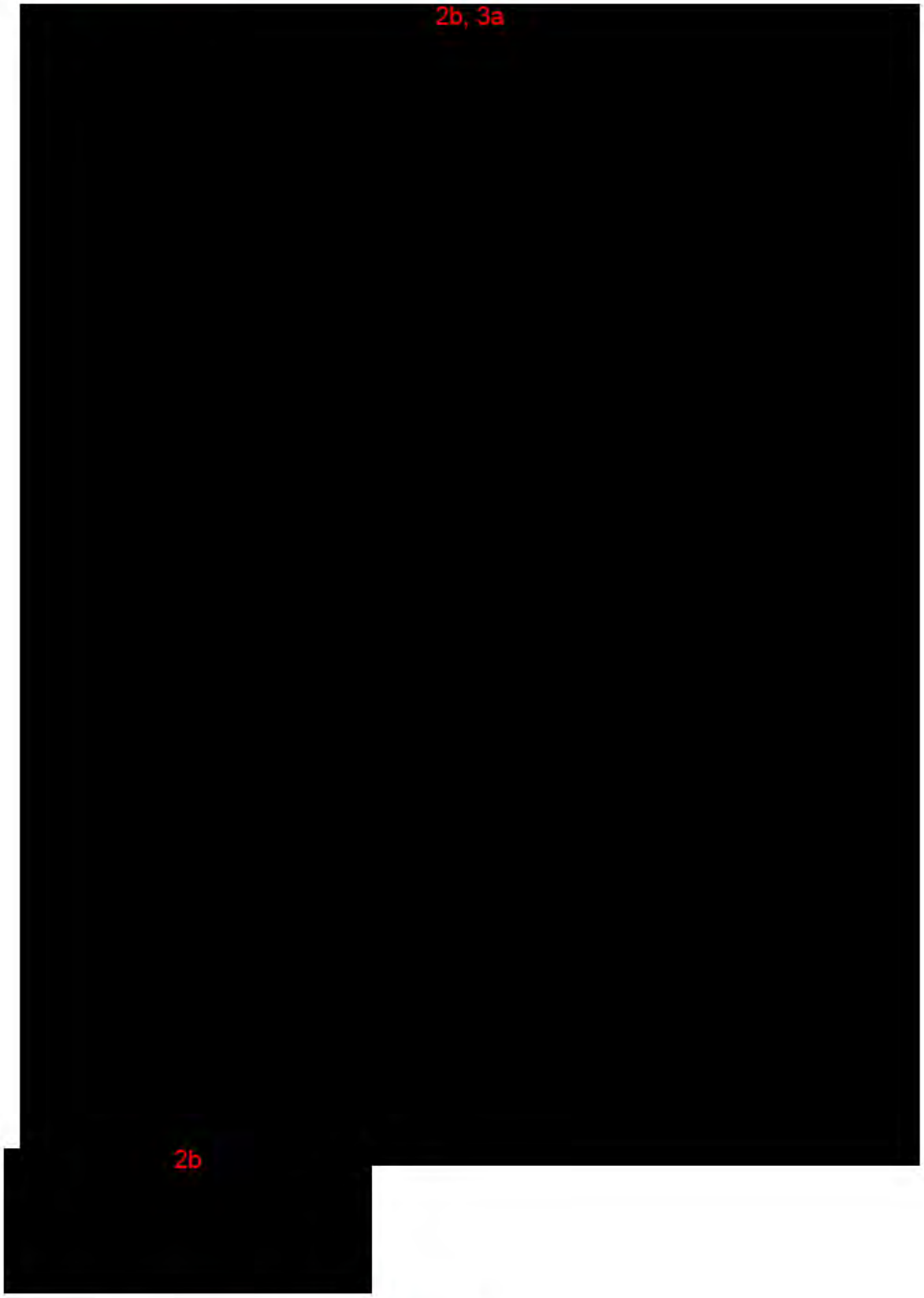
2b, 2c

2b



No card back image for given document.

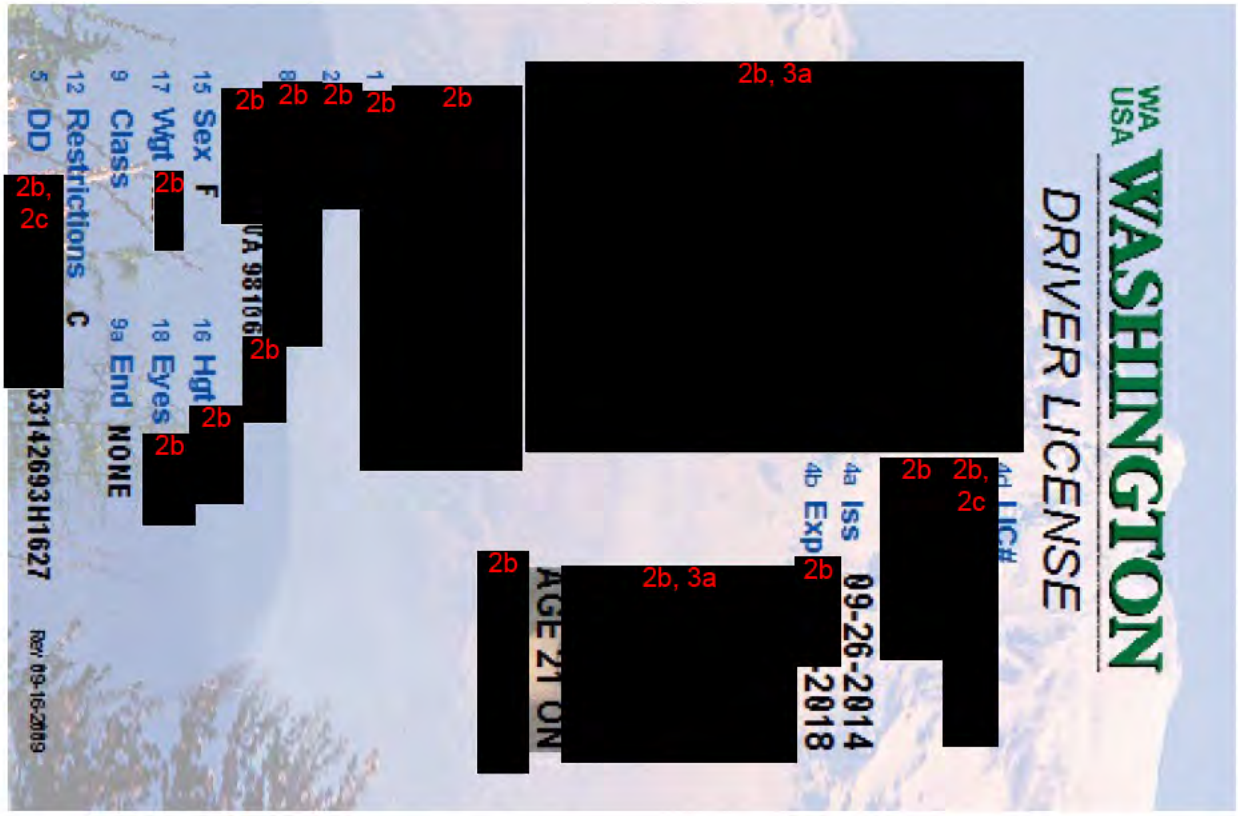
[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **311332628B1503**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **11-22-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b, 2c

2b

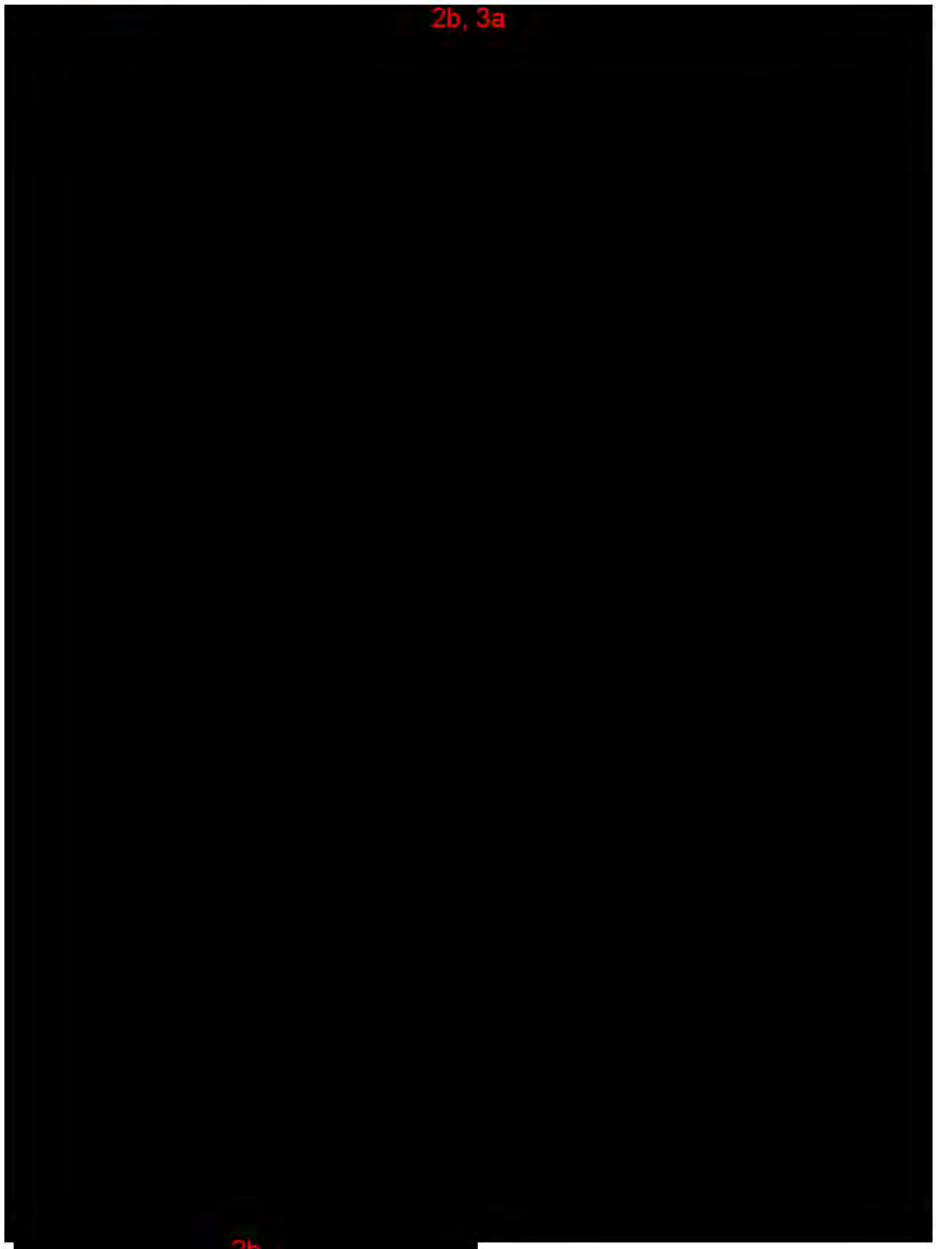


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: 33142693H1627
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-26-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**

From: DOL INT Fraud
To: "Salvato, Conrad N"
Subject: RE: Request for DOL application and photo
Date: Wednesday, December 13, 2017 10:23:17 AM
Attachments: [redacted] Photo_Card_Sig.pdf
image002.png

HI,

THE APP IS OLD FORMAT THAT WILL HAVE TO BE PULLED AND SENT LATER.

THANK YOU

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Salvato, Conrad N [mailto:Conrad.N.Salvato@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 10:20 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Request for DOL application and photo

Hello,

I'm requesting a copy of the WA State ID/DL and application issued to [redacted] under identification number [redacted].

Please email the info to me at conrad.n.salvato@ice.dhs.gov when convenient for you. If the ID/DL issued on this date is a renewal with no application, please also send the most recent ID/DL with an application.

This person is a suspect in a Federal 8 USC 1325 investigation.

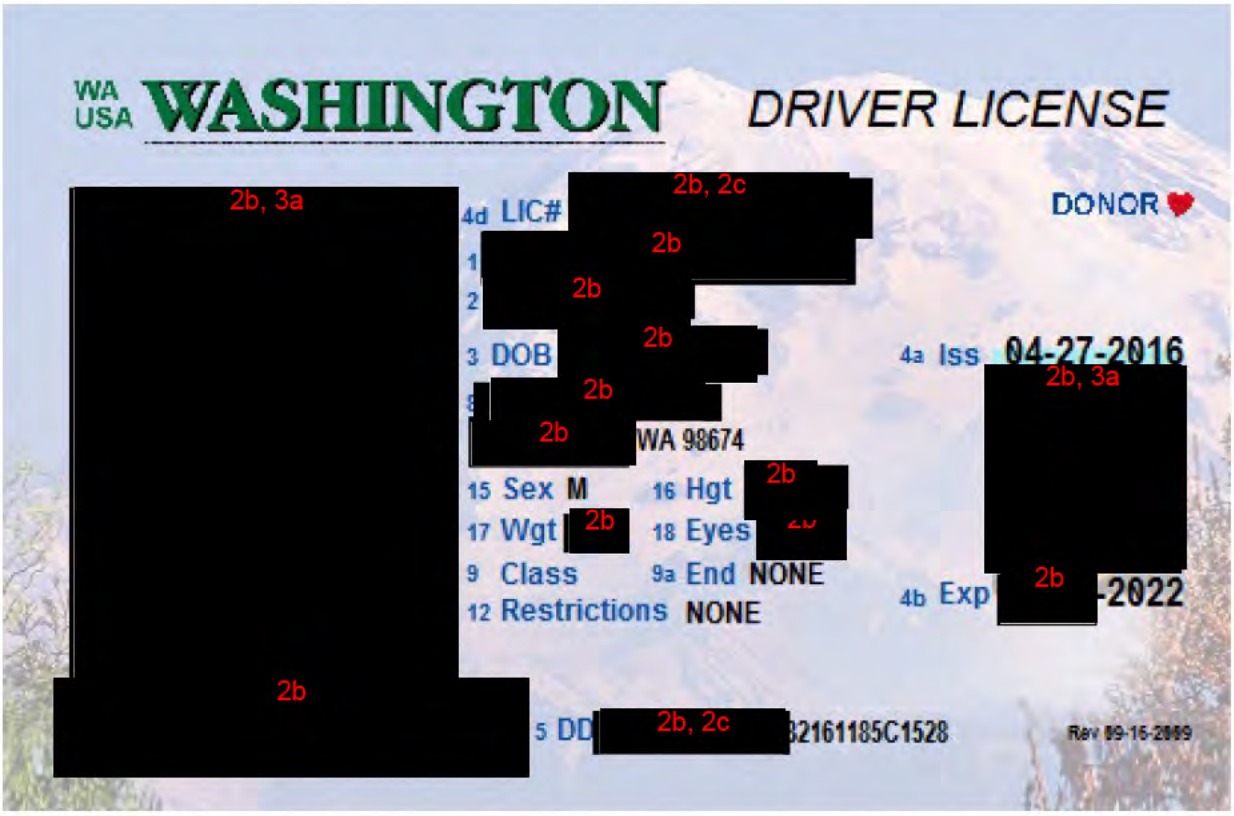
Contact me with any questions.

Thank you,
Conrad

CONRAD SALVATO
Deportation Officer
Department of Homeland Security
Immigration and Customs Enforcement
Enforcement and Removal Operations
4310 SW Macadam Portland, OR 97239
Office (503)326-3302 | iPhone (503)849-9394
Fax (503)326-7720 | conrad.n.salvato@ice.dhs.gov

2b, 2c

2b



No card back image for given document.

[redacted] [redacted]

[redacted]

[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32161185C1528**
LAST NAME: [redacted]
FIRST NAME [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **04-27-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


U.S. DEPARTMENT OF
HOMELAND SECURITY

From: DOL INT Fraud
To: "Salvato, Conrad N"
Subject: RE: Request for DOL application and photo
Date: Wednesday, December 13, 2017 10:23:17 AM
Attachments: [redacted] Photo_Card_Sig.pdf
image002.png

HI,

THE APP IS OLD FORMAT THAT WILL HAVE TO BE PULLED AND SENT LATER.

THANK YOU

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Salvato, Conrad N [mailto:Conrad.N.Salvato@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 10:20 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Request for DOL application and photo

Hello,

I'm requesting a copy of the WA State ID/DL and application issued to [redacted] under identification number [redacted].

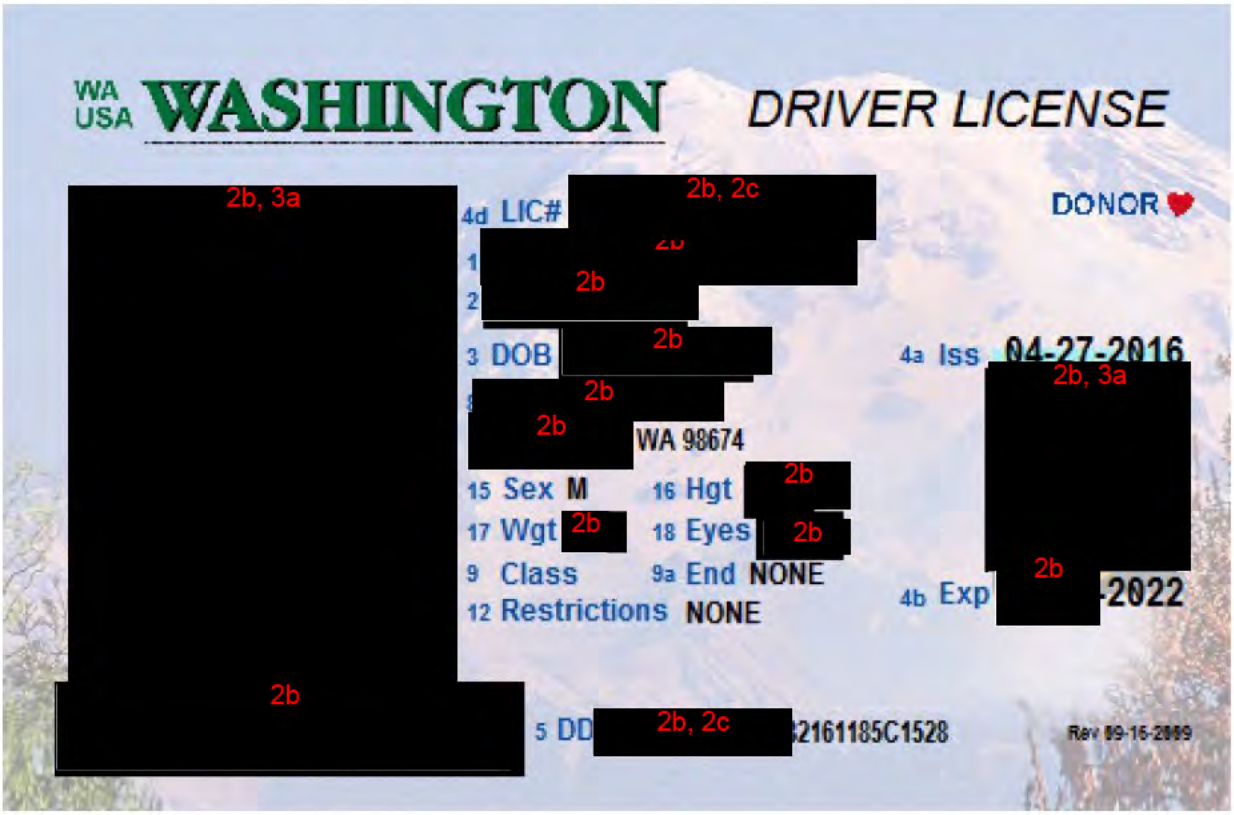
Please email the info to me at conrad.n.salvato@ice.dhs.gov when convenient for you. If the ID/DL issued on this date is a renewal with no application, please also send the most recent ID/DL with an application.

This person is a suspect in a Federal 8 USC 1325 investigation.

Contact me with any questions.

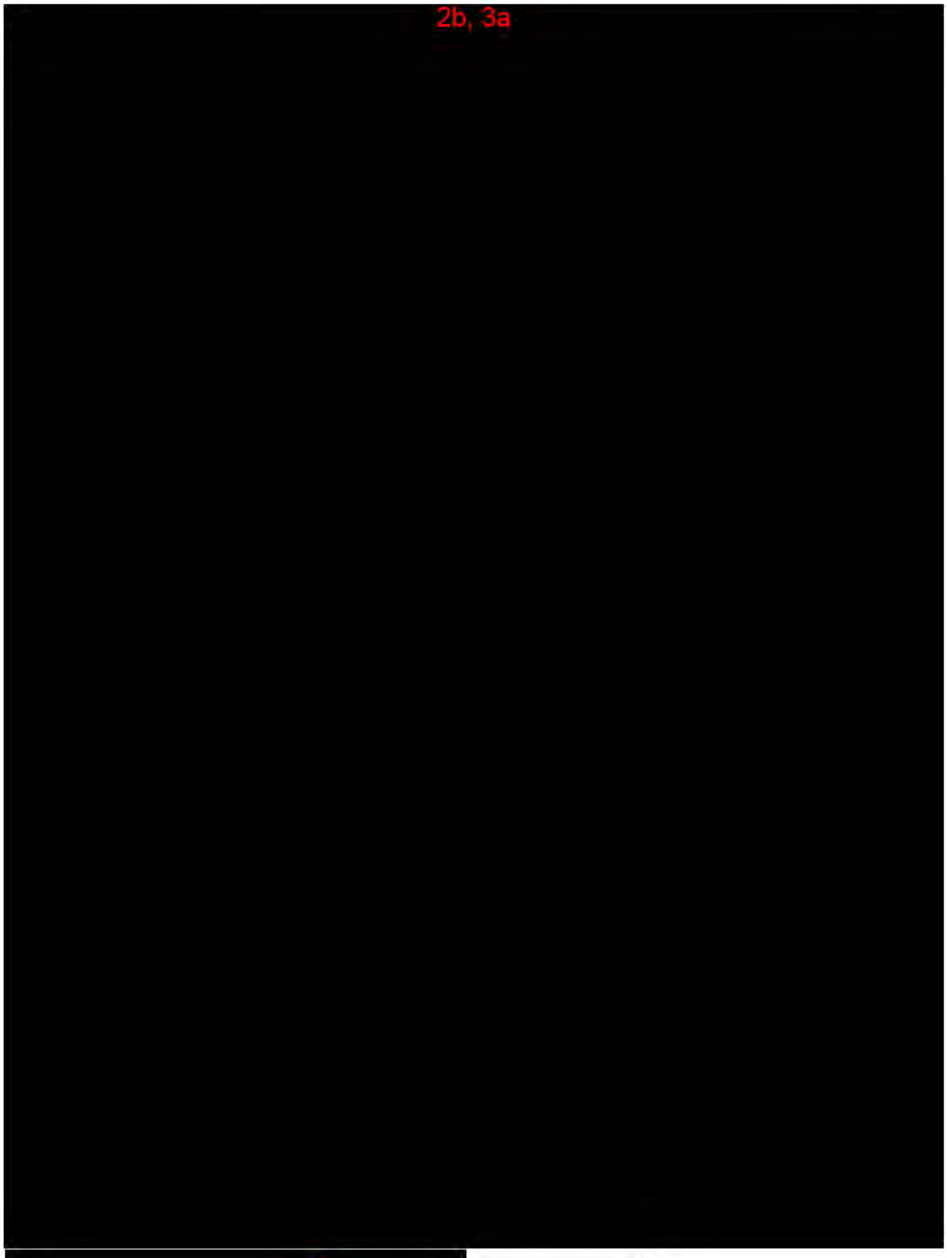
Thank you,
Conrad

CONRAD SALVATO
Deportation Officer
Department of Homeland Security
Immigration and Customs Enforcement
Enforcement and Removal Operations
4310 SW Macadam Portland, OR 97239
Office (503)326-3302 | iPhone (503)849-9394
Fax (503)326-7720 | conrad.n.salvato@ice.dhs.gov



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32161185C1528**
LAST NAME [redacted]
FIRST NAME [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **04-27-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


U.S. DEPARTMENT OF
HOMELAND SECURITY

From: DOL INT Fraud
To: "Henry, Lynn M"
Subject: RE: Request for Driver"s License & Photo
Date: Wednesday, December 13, 2017 7:03:36 AM
Attachments: 2b Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

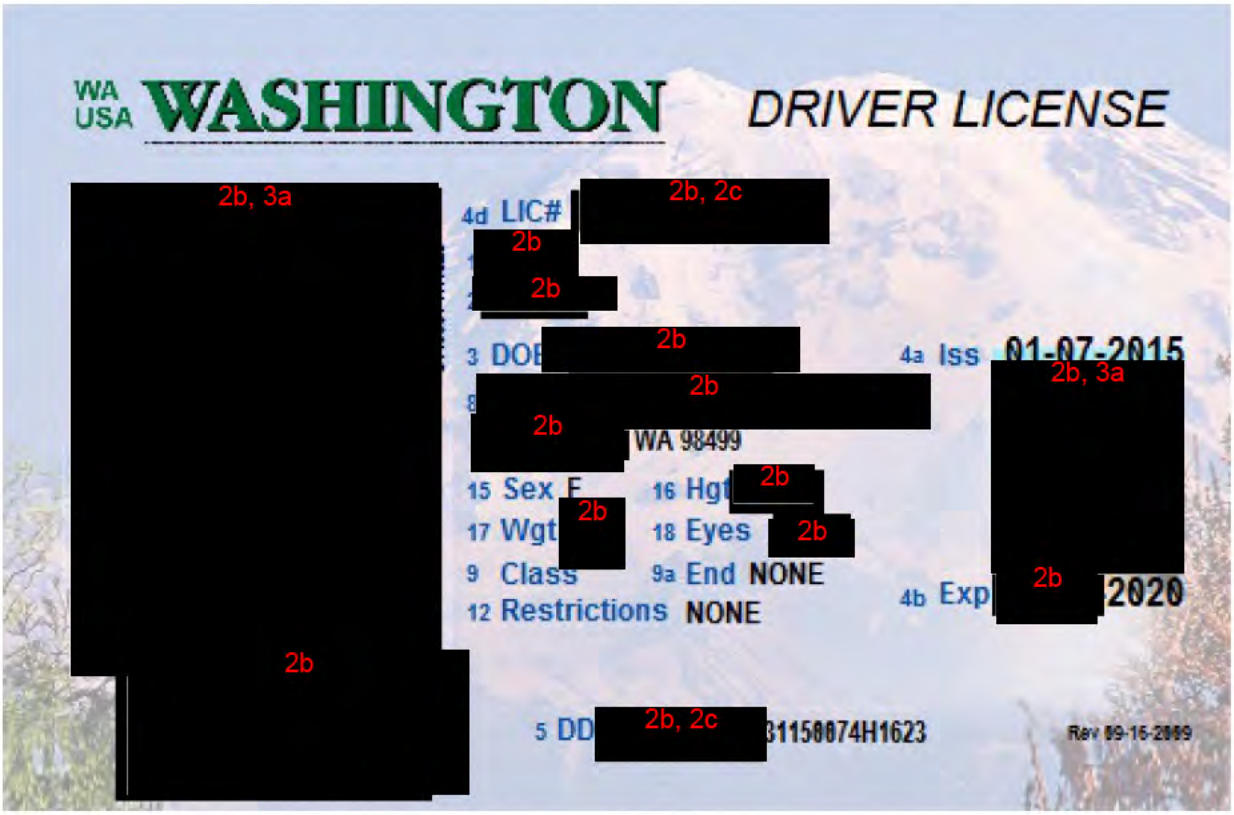
From: Henry, Lynn M [mailto:Lynn.M.Henry@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 6:16 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Request for Driver's License & Photo

Dear Sir or Madam:

The following individual, identified by PIC, is under investigation by the Department of Homeland Security for drug-related offenses. Please forward copies of her driver's license and photo to my attention at your earliest convenience. Thank you in advance for your consideration in the matter.

2b

Lynn Henry | Special Agent
Homeland Security Investigations (HSI)
1000 Second Ave, Suite 2300
Seattle, WA 98104
Desk: 206.442.2213 | Cell: 562.843.2863
Email: Lynn.M.Henry@ice.dhs.gov

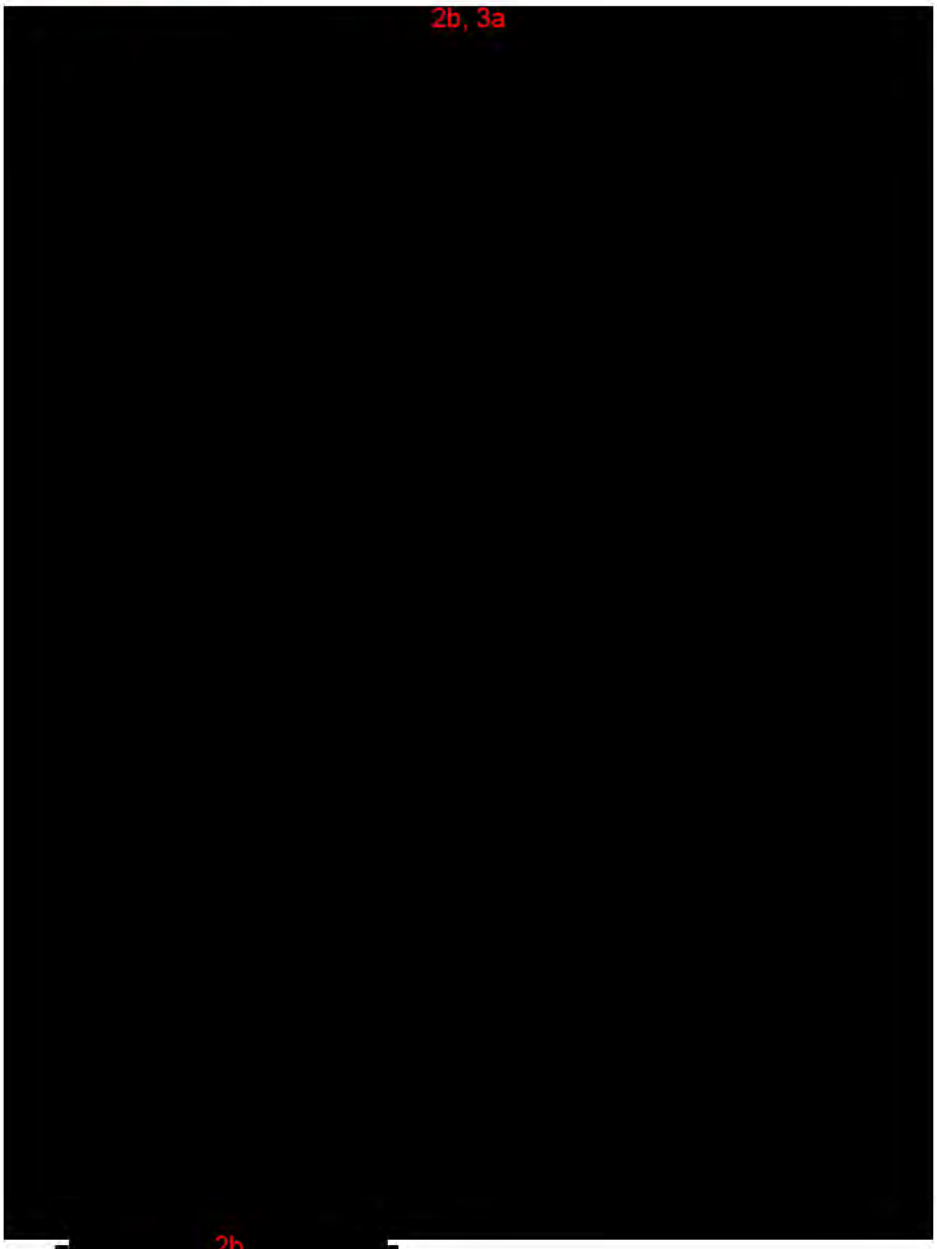


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **31150074H1623**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **01**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Henry, Lynn M"
Subject: RE: Request for Driver"s License & Photo
Date: Wednesday, December 13, 2017 7:03:36 AM
Attachments: 2b Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

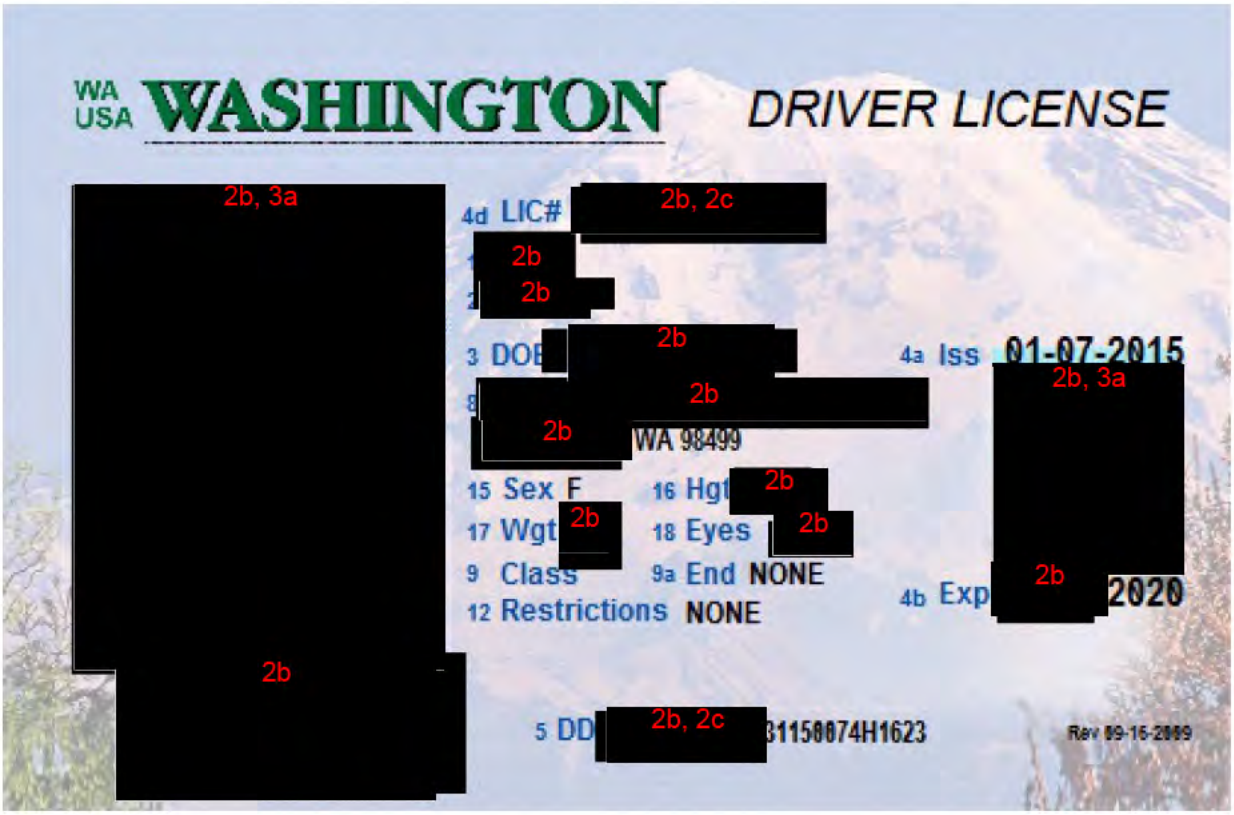
From: Henry, Lynn M [mailto:Lynn.M.Henry@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 6:16 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Request for Driver's License & Photo

Dear Sir or Madam:

The following individual, identified by PIC, is under investigation by the Department of Homeland Security for drug-related offenses. Please forward copies of her driver's license and photo to my attention at your earliest convenience. Thank you in advance for your consideration in the matter.

2b

Lynn Henry | Special Agent
Homeland Security Investigations (HSI)
1000 Second Ave, Suite 2300
Seattle, WA 98104
Desk: 206.442.2213 | Cell: 562.843.2863
Email: Lynn.M.Henry@ice.dhs.gov

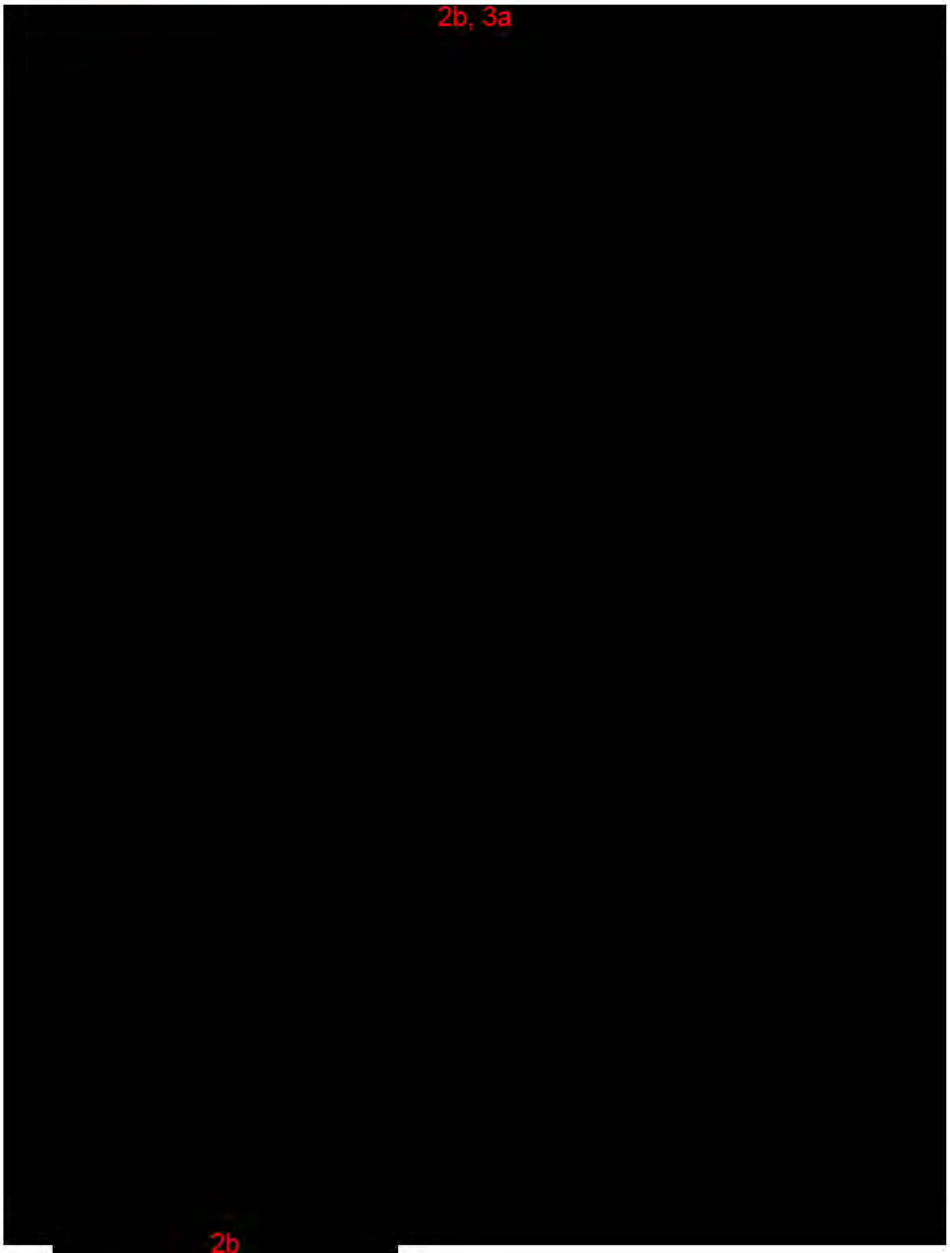


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **31150074H1623**
LAST NAME 2b
FIRST NAME 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **01-**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Vossler, Jordan"
Subject: RE: Request for ID/DL
Date: Tuesday, December 12, 2017 9:16:00 AM
Attachments: [redacted] Photo_Card_Sig.pdf
image002.png

Hi,

The app is old format that will have to be pulled and sent later.

Thank you

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Vossler, Jordan [mailto:Jordan.Vossler@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 9:14 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Request for ID/DL

I respectfully request a copy of the WA State ID/DL and application issued to [redacted] identification number [redacted]. Please send to me at Jordan.Vossler@ice.dhs.gov when convenient for you. If the ID/DL issued on this date is a renewal with no application, please also send the most recent ID/DL having an application.

This subjects are the suspects in a federal 8 USC 1325 investigation (Improper Entry into U.S.).

Your time and assistance are greatly appreciated.

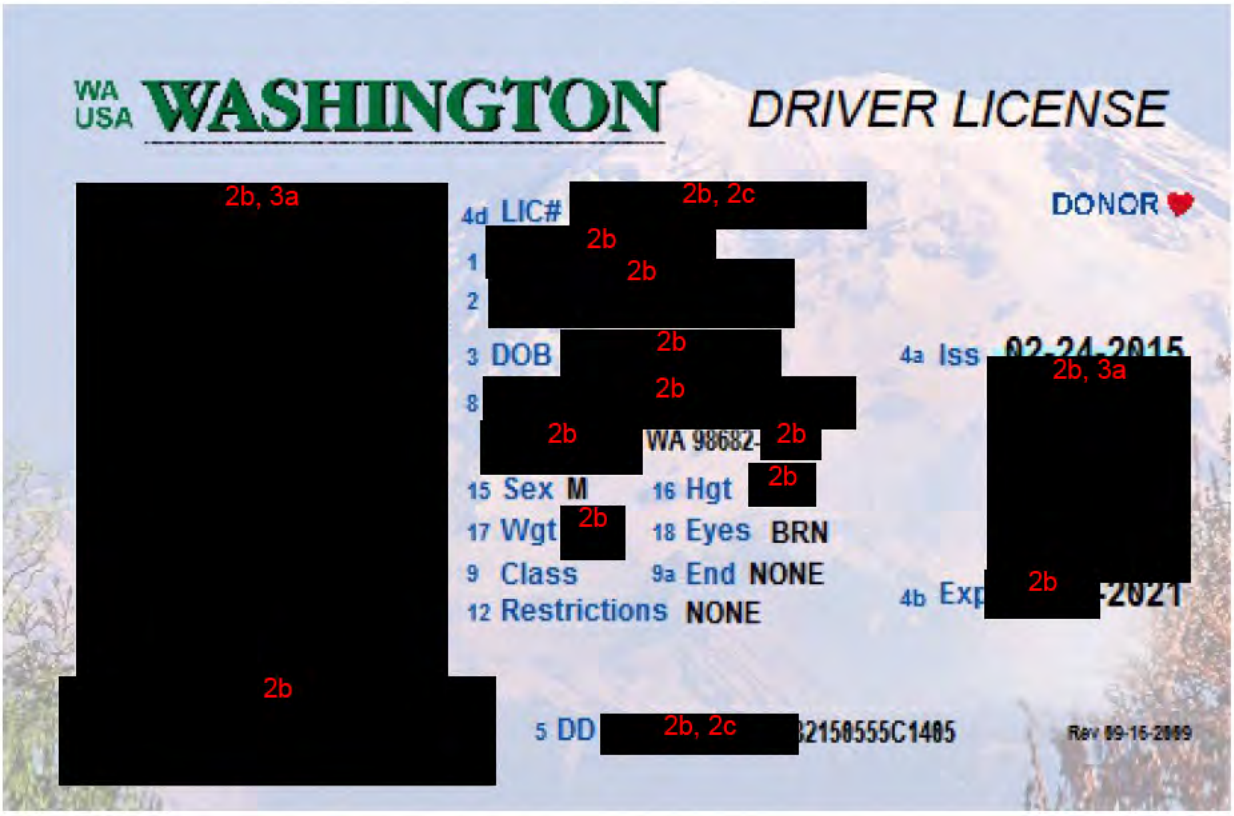
I can be contacted at (503) 849-9001.

Jordan Vossler
Deportation Officer
Criminal Alien Program (CAP)
Vehicle Control Officer (VCO)

Address: 4310 SW Macadam Avenue, Suite 300, Portland, OR 97239
E-Mail: Jordan.Vossler@ice.dhs.gov
Cell: 503-849-9001
Desk: 503-326-7043
Fax: 503-326-7720

2b, 2c

2b

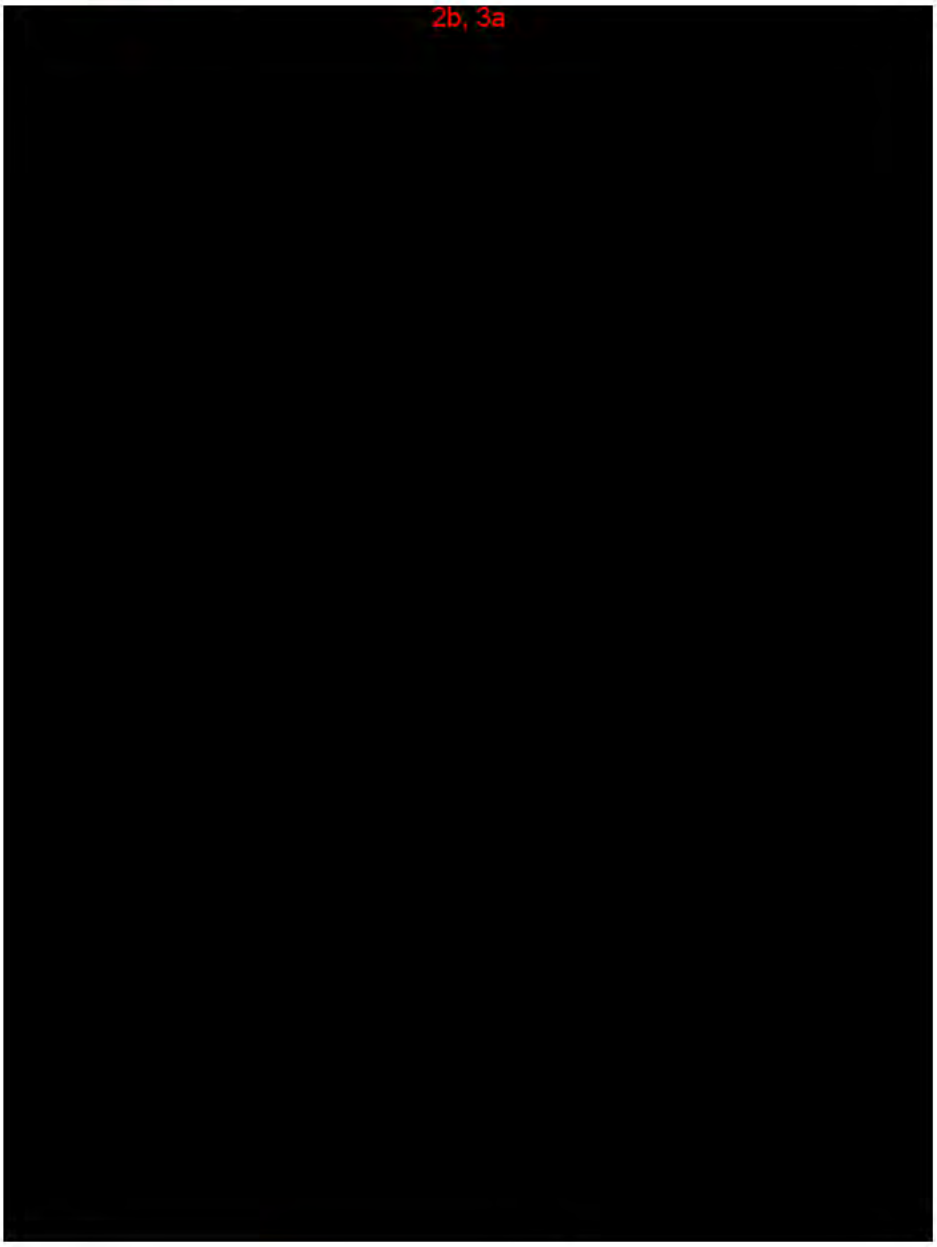


No card back image for given document.

2b, 2c

2b

2b, 3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **321505555C1405**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH 2b
ISSUE DATE: **02-24-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


U.S. DEPARTMENT OF
HOMELAND SECURITY

From: DOL INT Fraud
To: "Lindvall, Robert B"
Subject: RE: Subject Query
Date: Tuesday, December 12, 2017 1:56:58 PM
Attachments: Capture.JPG

Here you go

Chris Pollick
Support Enforcement Technician
Licensing Integrity Unit
DOL Programs & Services Division

It is pitch dark. You are likely to be eaten by a Grue.

"Skip a trip - go online"
www.dol.wa.gov

From: Lindvall, Robert B [mailto:Robert.B.Lindvall@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 1:40 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Subject Query

Good afternoon,

Please provide me with the underlying application and both views for:

2b, 2c

This is part of a criminal investigation under 8 U.S.C. 1326.

Thank you,

Robert Lindvall

Deportation Officer
Immigration and Customs Enforcement
Enforcement and Removal Operations
Yakima Office
Cell: (509) 934-5784
Office: (509) 574-6767

State of Washington - Department of Licensing 6F T
Record of Application Application Number: 0821213216F 6F

Appl type: 31 Exam Fee #: F000009 Exam Fee Date: 03-20-2009 CTL #: 090666611

Social Security #: [redacted] Expiration Date: [redacted] -13
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98942-[redacted] County: YAKIMA
Mail Addr: Mail City:
ST/Prov: Zip: Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birth City: ATOTONILCO
Birth St/Prov: HIDALGO Birth Country: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: [redacted]
Have you had a license before? NO
If YES, where? Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When:
Why?
In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle? NO
BirthCert/INS/Passport#:
Remarks: [redacted] WID X[redacted]
Previous ID Type: ID presented: Valid: NO

I certify that I am the legal guardian of the above named person who is applying for a Washington Instruction Permit or Driver's License. I grant the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.

SIGNED _____ ADDRESS IF DIFFERENT _____
IDENTIFICATION: _____

ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE: S1-074 09-11-2008 SO-063 10-04-2008 SO-075 11-22-2008 SO-083 12-06-2008
DRIVING: 078 12-20-2008 084 01-06-2009 _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST: 451 01-06-2009 6F
RESTRICTIONS: 000000 ENDORSEMENTS: 00000 CDL CLASS: EDL: NO
R1: R2:
Enhanced Card Application Status: Portfolio Status:

I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State who has manifested an intent to live or be located in this state on more than a temporary or transient basis. If I am under 18 years old and applying for a license, I have read and understand the intermediate license passenger and nighttime driving restrictions. I understand that by driving a motor vehicle I have agreed to take a breath or blood test to determine alcohol content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506

LSR [redacted] (451) Signature [redacted]
Date: 1/6/09 Place of Signature: UNION GAP

Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification card applications is voluntary (WAC 308-104-014).

DFS 131

From: DOL INT Fraud
To: "Lindvall, Robert B"
Subject: RE: Subject Query
Date: Tuesday, December 12, 2017 3:26:07 PM
Attachments: [redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

"Skip a trip - go online"
www.dol.wa.gov

From: Lindvall, Robert B [mailto:Robert.B.Lindvall@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 3:23 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: Subject Query

Thank you for the attached information. I will also need a copy of the subject's license photo and of his license. Thank you.

Robert Lindvall

Deportation Officer
Immigration and Customs Enforcement
Enforcement and Removal Operations
Yakima Office
Cell: (509) 934-5784
Office: (509) 574-6767

From: Lindvall, Robert B
Sent: Tuesday, December 12, 2017 1:40 PM
To: 'FRAUD@DOL.WA.GOV'
Subject: Subject Query

Good afternoon,

Please provide me with the underlying application and both views for:

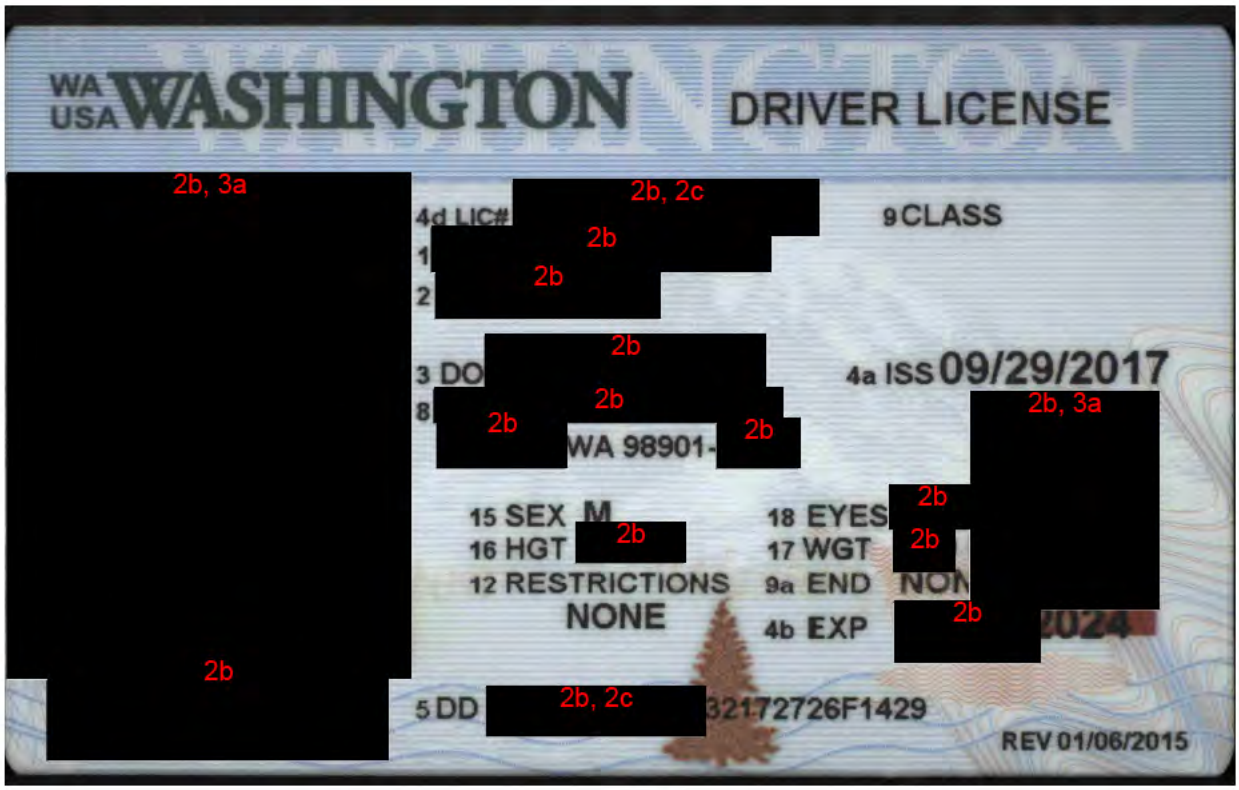
[redacted]

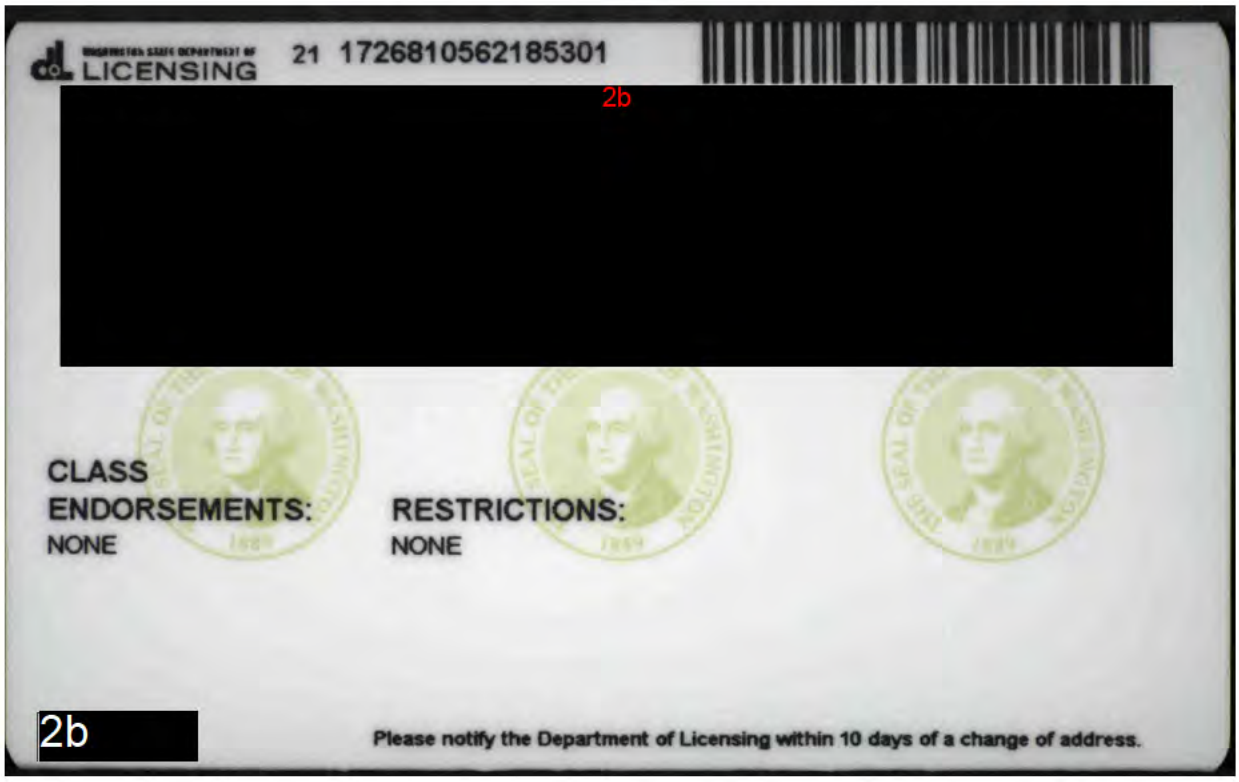
This is part of a criminal investigation under 8 U.S.C. 1326.

Thank you,

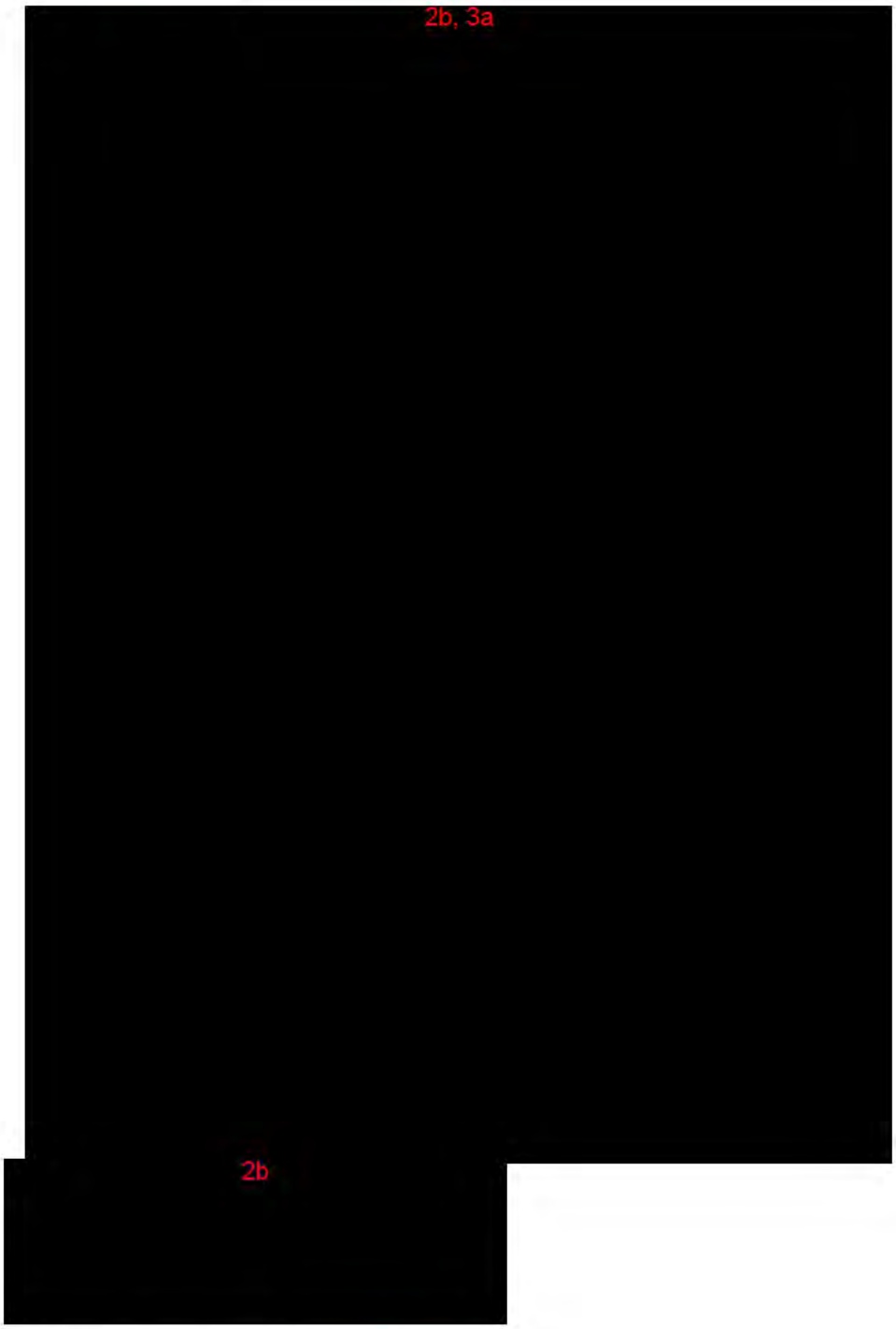
Robert Lindvall

Deportation Officer
Immigration and Customs Enforcement
Enforcement and Removal Operations
Yakima Office
Cell: (509) 934-5784
Office: (509) 574-6767


WA
USA
WASHINGTON
DRIVER LICENSE
2b, 3a
4d LIC#
2b, 2c
2b
1
2b
2
9 CLASS
2b
3 DO
4a ISS 09/29/2017
8
2b
2b
2b
WA 98901-
2b, 3a
15 SEX M
18 EYES
2b
16 HGT
2b
17 WGT
2b
12 RESTRICTIONS
NONE
9a END
NON
4b EXP
2b
2b
5 DD
2b, 2c
32172726F1429
REV 01/06/2015


LICENSING
21 1726810562185301
2b
CLASS
ENDORSEMENTS:
NONE
RESTRICTIONS:
NONE
2b
Please notify the Department of Licensing within 10 days of a change of address.

[redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NU[redacted]29
LAST NAME: [redacted]
FIRST NAME [redacted]
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **09-29-2017**
MAILED DATE: **10-03-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Franzone, Joseph M"
Subject: RE: 2b; 2c - Request for DL photos
Date: Tuesday, December 12, 2017 2:20:42 PM
Attachments: 2b Photo_Card_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Franzone, Joseph M [mailto:Joseph.M.Franzone@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:19 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 2b - Request for DL photos

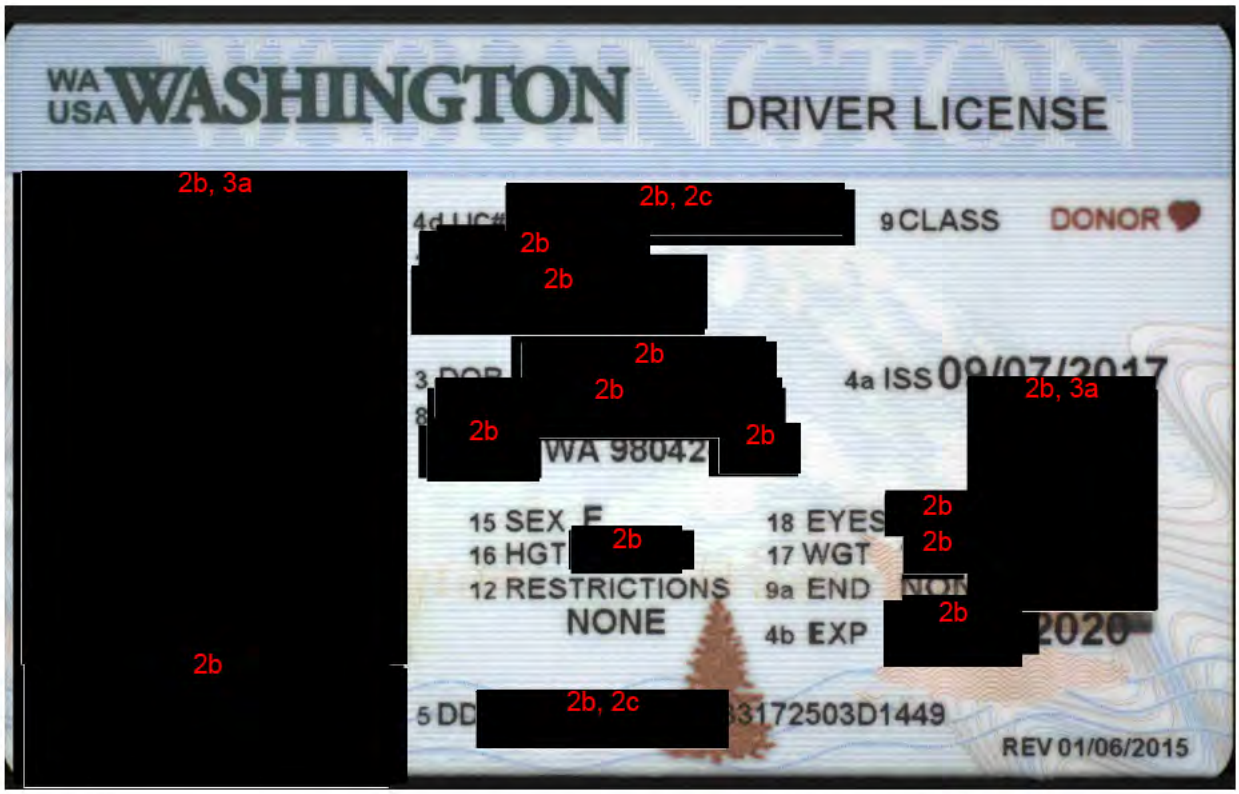
May I please request the photo/ license image ONLY (both large format and driver license card format) for the following individual(s):

2b, 2c

Justification for request:
Immigration and Customs Enforcement (ICE) is presently conducting a criminal investigation for violating 8 USC 1182 and 1326 of the Immigration and Nationality Act by the aforementioned individuals.

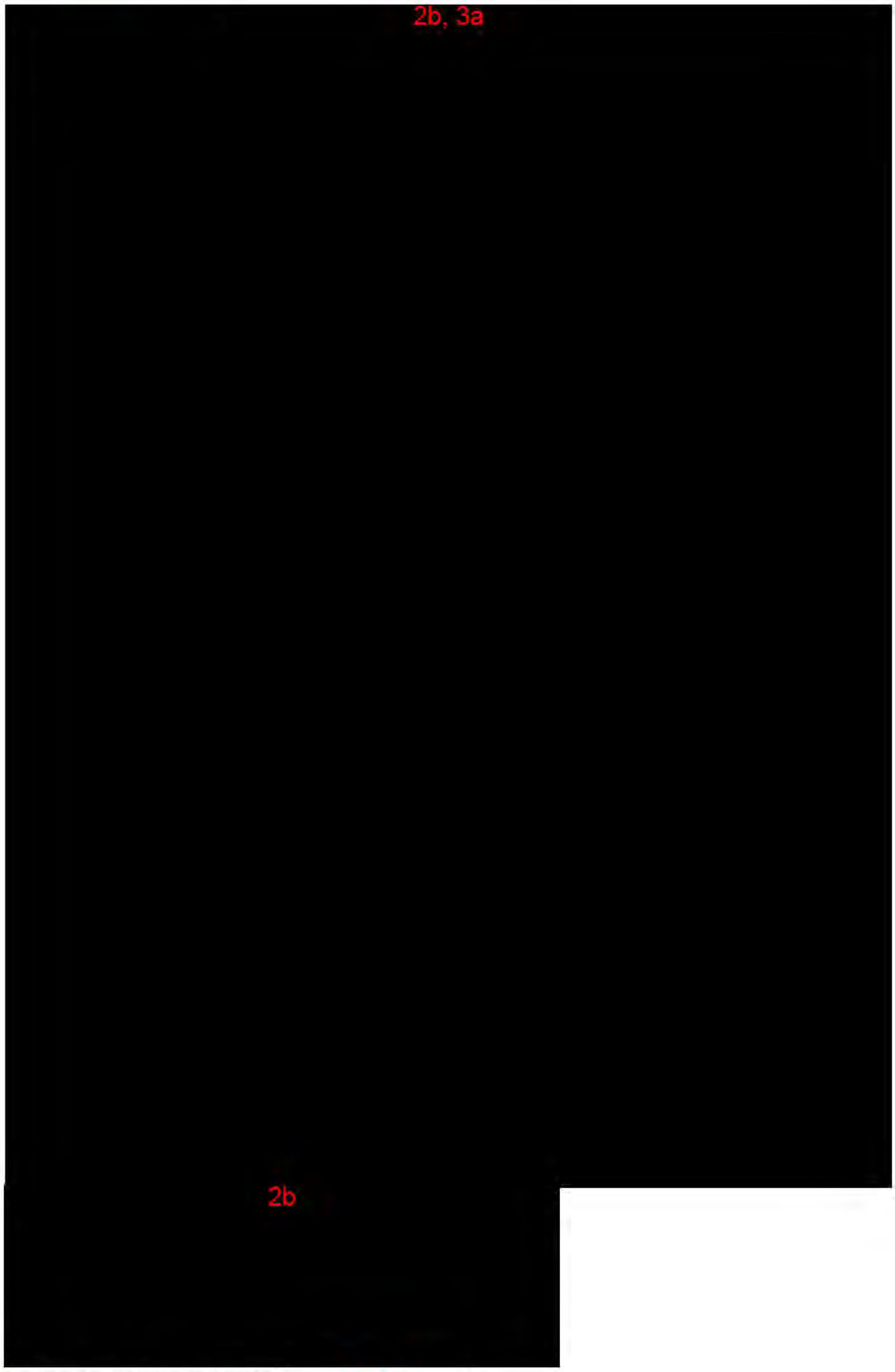
Thank you!

J. Franzone
Deportation Officer
TDY LESC
Desk: 802 288 8567
Mobile: 206 786 0024
Fax: 802-288-8550
Joseph.M.Franzone@ice.dhs.gov


WA USA WASHINGTON DRIVER LICENSE
2b, 3a
2b, 2c
9 CLASS
DONOR
2b
2b
4a ISS 09/07/2017
2b, 3a
2b
2b
WA 98042
2b
15 SEX F
18 EYES
2b
16 HGT
2b
17 WGT
2b
12 RESTRICTIONS
NONE
9a END
2b
4b EXP
2020
2b
5 DD
2b, 2c
3172503D1449
REV 01/06/2015


LICENSING
21 1725021130185301
2b
CLASS
ENDORSEMENTS:
NONE
RESTRICTIONS:
NONE
2b
Please notify the Department of Licensing within 10 days of a change of address.

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
[redacted]
LAST NAME: [redacted]
FIRST NAME [redacted]
MIDDLE NAME [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **09-07-2017**
MAILED DATE: **09-13-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Franzone, Joseph M"
Subject: RE: 2b; 2c - Request for DL photos
Date: Tuesday, December 12, 2017 2:20:42 PM
Attachments: 2b Photo_Card_Sig.pdf

Attached is your request!

Lerae Ketchum
Customer Service Specialist Two
DOL License Integrity Unit | 1125 Washington St. SE | Olympia WA 98507

"Skip a trip - go online"
www.dol.wa.gov

From: Franzone, Joseph M [mailto:Joseph.M.Franzone@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 2:19 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 2b - Request for DL photos

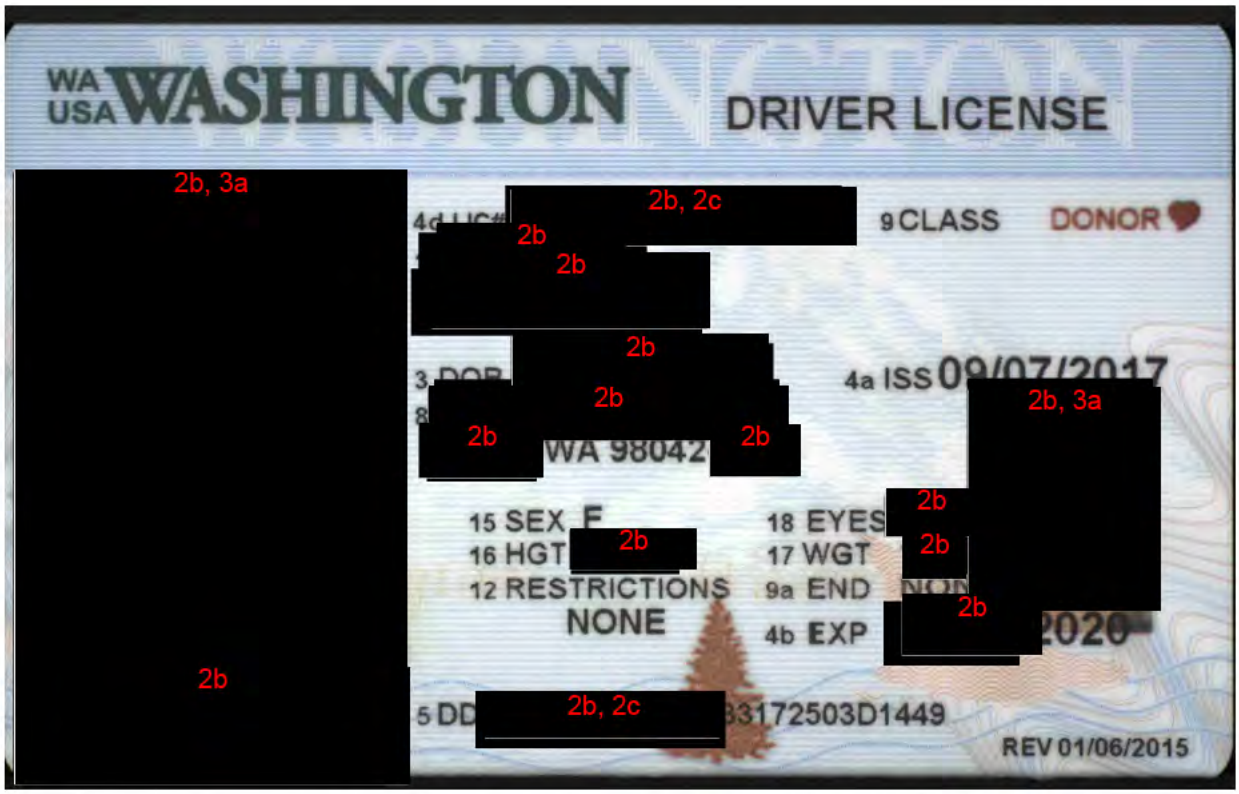
May I please request the photo/ license image ONLY (both large format and driver license card format) for the following individual(s):

2b, 2c

Justification for request:
Immigration and Customs Enforcement (ICE) is presently conducting a criminal investigation for violating 8 USC 1182 and 1326 of the Immigration and Nationality Act by the aforementioned individuals.

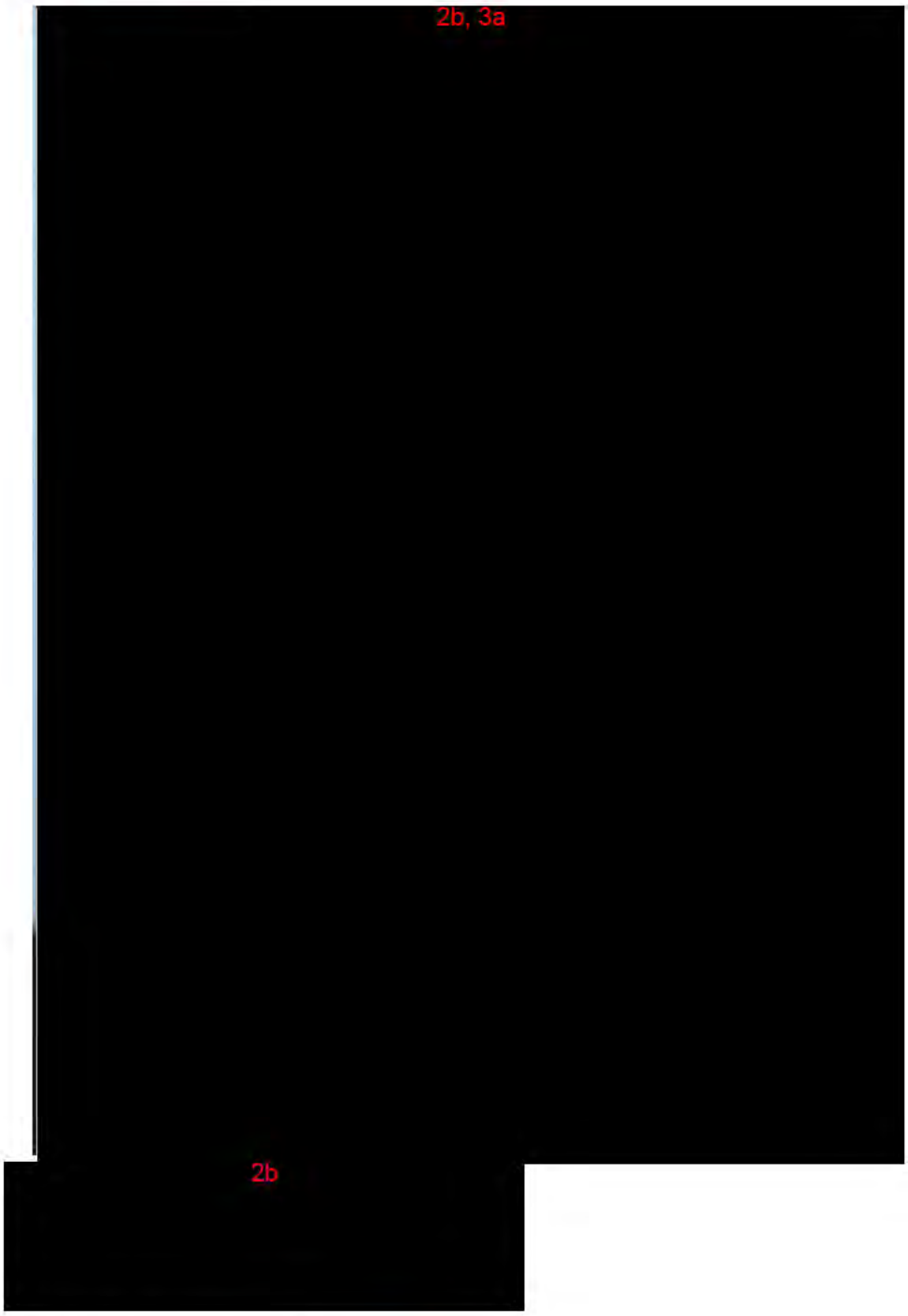
Thank you!

J. Franzone
Deportation Officer
TDY LESC
Desk: 802 288 8567
Mobile: 206 786 0024
Fax: 802-288-8550
Joseph.M.Franzone@ice.dhs.gov


WA USA WASHINGTON DRIVER LICENSE
2b, 3a
2b, 2c
2b
2b
9 CLASS
DONOR
2b
4a ISS 09/07/2017
2b, 3a
2b
2b
WA 98042
2b
15 SEX F
18 EYES
2b
16 HGT
2b
17 WGT
2b
12 RESTRICTIONS
NONE
9a END
2b
4b EXP
2020
2b
5 DD
2b, 2c
3172503D1449
REV 01/06/2015


LICENSING
21 1725021130185301
2b
CLASS
NONE
ENDORSEMENTS:
RESTRICTIONS:
NONE
2b
Please notify the Department of Licensing within 10 days of a change of address.

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **331725O3D1449**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH [redacted]
ISSUE DATE: **09-07-2017**
MAILED DATE: **09-13-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: McKean, Paul
To: Johnson, Tammy (DOL)
Subject: RE: inquiry 2015-0399
Date: Wednesday, December 13, 2017 8:25:11 AM
Attachments: [redacted].docx

Hi Tammy,

I found no information on either [redacted] or [redacted].

[redacted] has no status to be in the country and was last deported in 2013.

Could I get the card views of all 3 subjects, please?

Thanks,

Paul

From: Johnson, Tammy (DOL) [mailto:TaJohnson@DOL.WA.GOV]
Sent: Tuesday, December 12, 2017 2:02 PM
To: McKean, Paul
Subject: inquiry 2015-0399

Good afternoon Paul,

I'm looking for the border crossing information and/or any information that could assist in verifying the true identity of an individual that I am looking into.

[redacted]

[redacted]

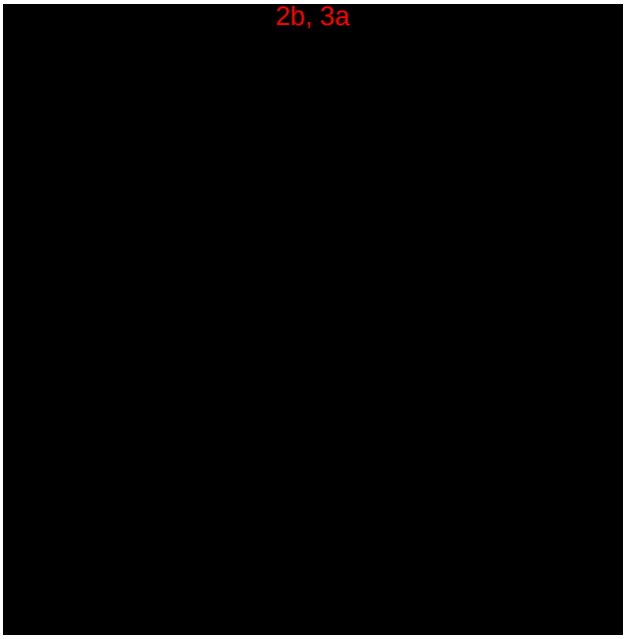
[redacted]

Any photos and/or information you're able to provide is helpful.

Thank you!

Tammy Johnson
Investigator /License Integrity Unit
Department of Licensing
tajohnson@dol.wa.gov

error, please notify the sender and delete the message. This Information is being provided to you in compliance with RCW 46.20.118.



2b

DOB: 2b

Photo Taken: 8/22/2013

From: Johnson, Tammy (DOL)
To: McKean, Paul
Subject: RE: inquiry 2015-0399
Date: Wednesday, December 13, 2017 8:44:00 AM
Attachments: [redacted] photo.pdf
[redacted] photo.pdf
[redacted] photo.pdf

Here is your request.

Tammy Johnson
Investigator /License Integrity Unit
Department of Licensing
tajohnson@dol.wa.gov

From: McKean, Paul [mailto:Paul.W.McKean@ice.dhs.gov]
Sent: Wednesday, December 13, 2017 8:25 AM
To: Johnson, Tammy (DOL) <TaJohnson@DOL.WA.GOV>
Subject: RE: inquiry 2015-0399

Hi Tammy,

I found no information on either [redacted] or [redacted]

[redacted] has no status to be in the country and was last deported in 2013.

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Thanks,

Paul

From: Johnson, Tammy (DOL) [mailto:TaJohnson@DOL.WA.GOV]
Sent: Tuesday, December 12, 2017 2:02 PM
To: McKean, Paul
Subject: inquiry 2015-0399

Good afternoon Paul,

I'm looking for the border crossing information and/or any information that could assist in verifying the true identity of an individual that I am looking into.

[redacted]

[redacted]o

[redacted]

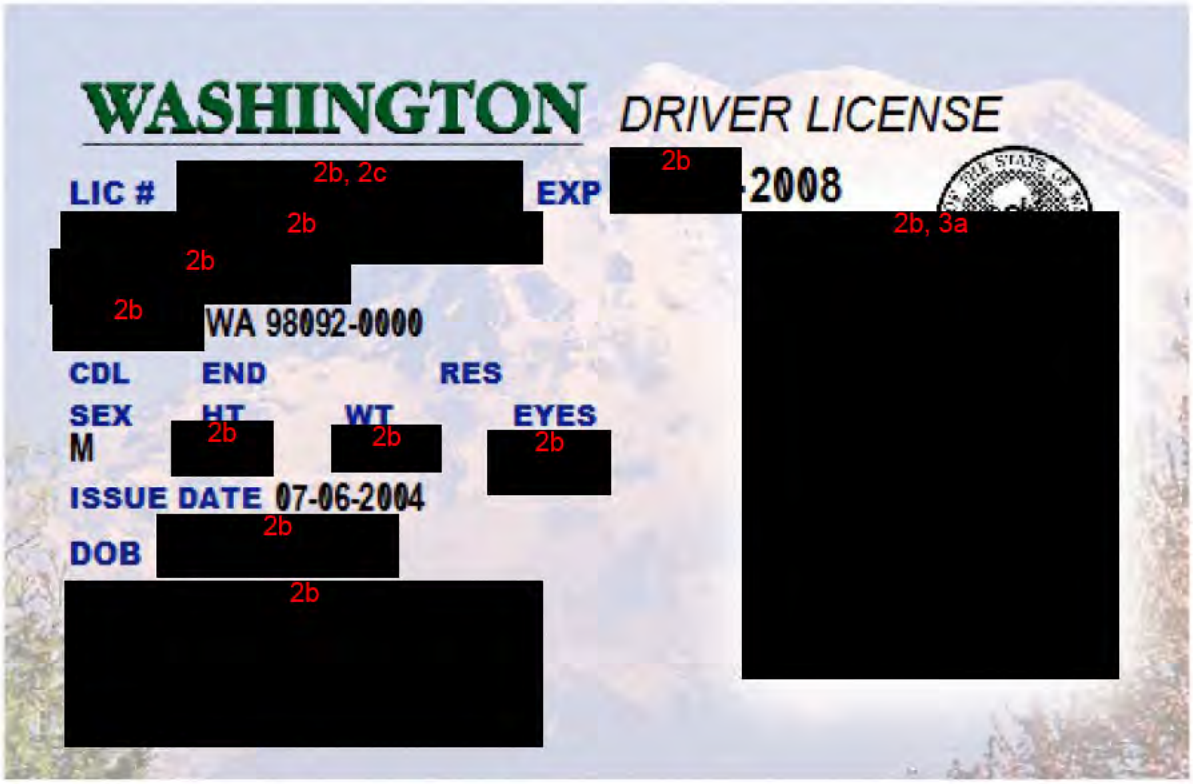
Any photos and/or information you're able to provide is helpful.

Thank you!

Tammy Johnson
Investigator /License Integrity Unit
Department of Licensing
tajohnson@dol.wa.gov

License Printout (Front Only)

CARD VIEW (FRONT)

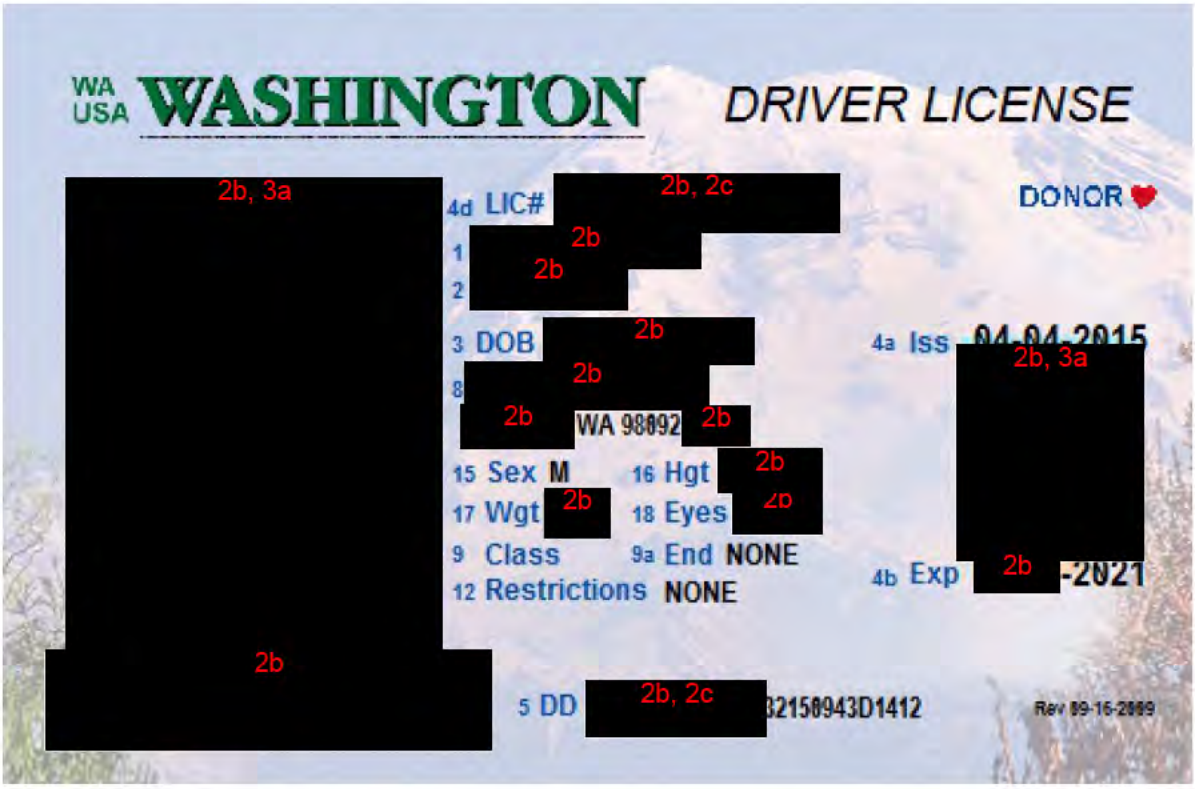


LICENSE NUMBER (PIC): 2b, 2c
CONTROL NU E : 3 4 8 918
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAM
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **07-06-2004**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

License Printout (Front Only)

CARD VIEW (FRONT)

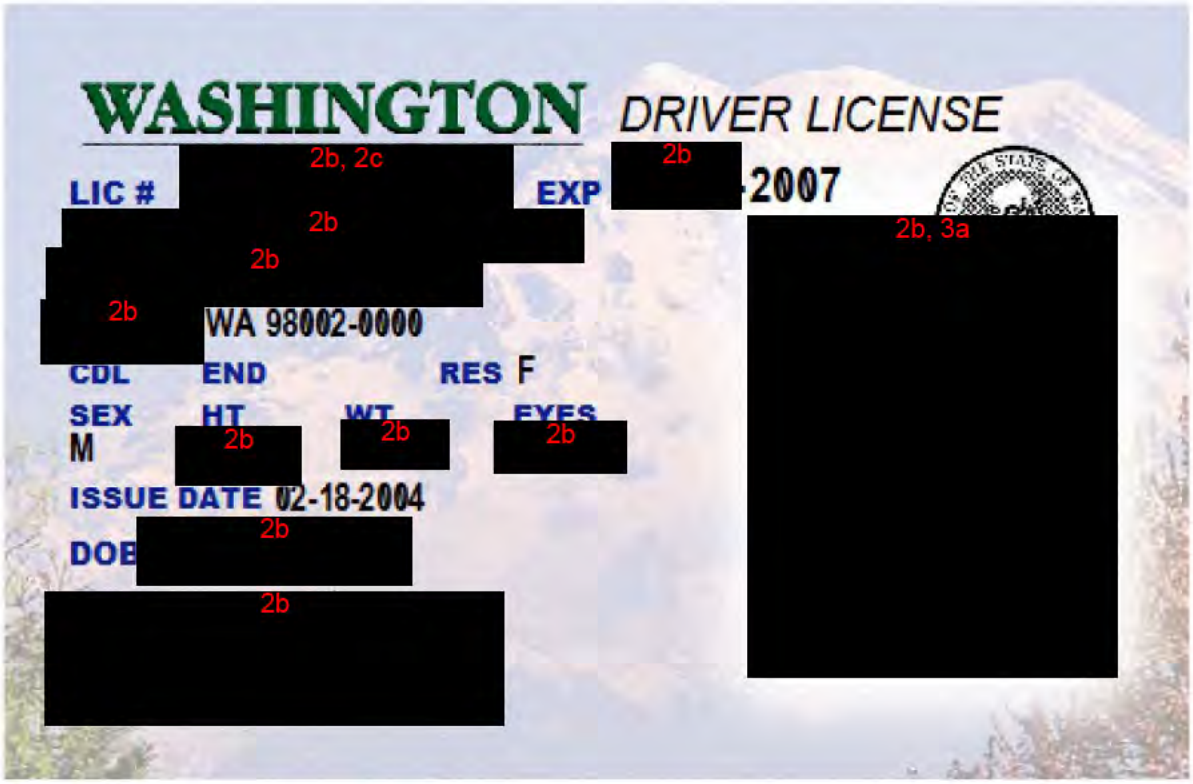


LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32150943D1412**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **04-04-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Permanent Hold**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC):
CONTROL NU 322
LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH:
ISSUE DATE: **02-18-2004**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **F**