From: DOL INT Fraud
To: "Miller, Lonnie R"
Subject: Document2
Date: Friday, December 08, 2017 10:12:34 AM
Attachments: Document2.docx
[redacted] Photo_Card_Sig.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

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

State of Washington - Department of Licensing 5D T
Record of Application Application Number: 0909310355D 5D

Appl type: 31 Exam Fee #: A000003 Exam Fee Date: 07-28-2009 CTL #: 09HB50934

Social Security #: [redacted] Expiration Date: [redacted] 2013
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98644-0000 County: PACIFIC
Mail Addr: [redacted] Mail City: [redacted]
ST/Prov: WA Zip: 98644[redacted] Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birth City: PETATLAN ATLIXTA
Birth St/Prov: GUERRERO 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? YES If YES, where: NONE REPORTED 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#: MXCON# [redacted] SCP [redacted]
Remarks: [redacted] NOT VALID FOR ID/PADD:CENTURY TEL BILL
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the Department of Licensing permission to consider this application with the understanding this permission cannot be withdrawn.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:	E1-002	04-03-2009	SO-060	04-03-2009	EP-072	04-23-2009	SO-087	04-28-2009
DRIVING:	080	04-29-2009	_____	__-__-__	_____	__-__-__	_____	__-__-__

SCHEDULED DRIVE TEST:

RESTRICTIONS: 020000 ENDORSEMENTS: 00000 CDL CLASS: EDL: NO
R1: IDENTITY NOT VERIFIED R2:
Enhanced Card Application Status: Portfolio Status:

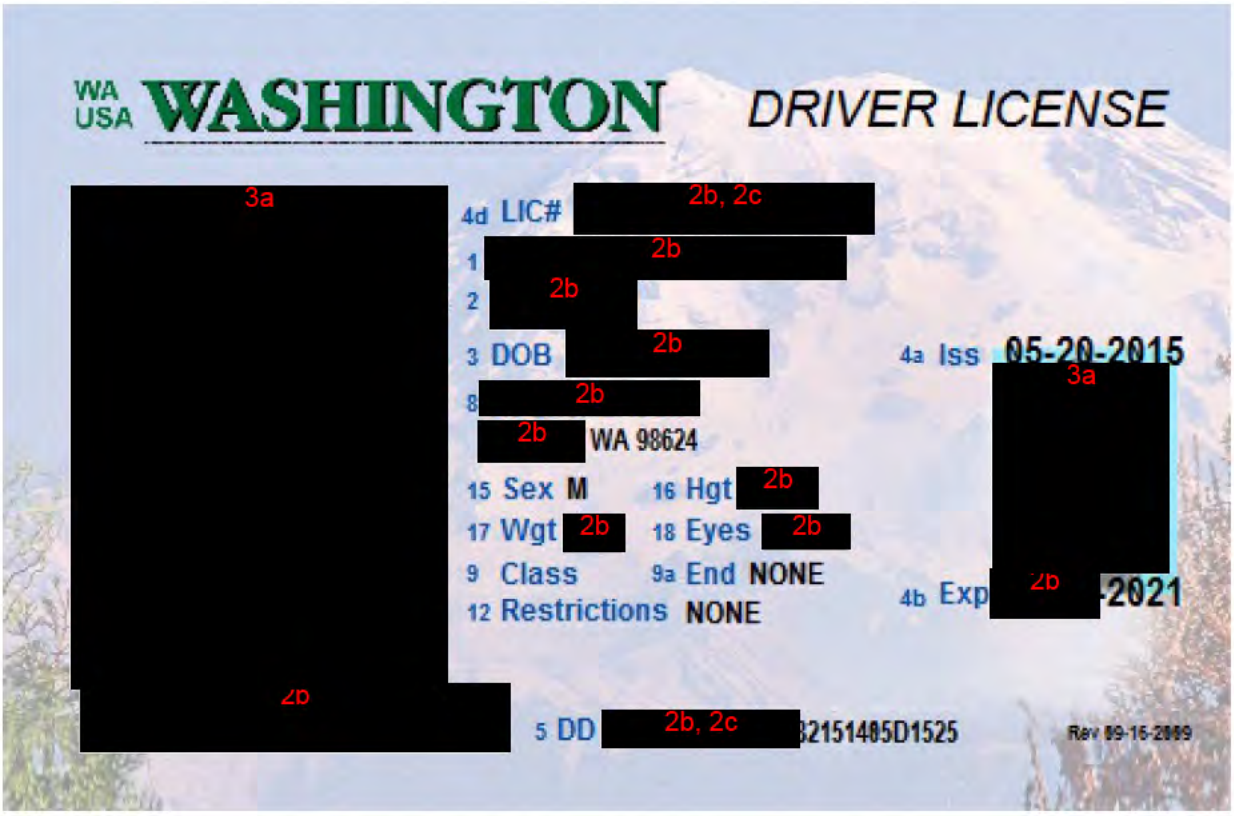
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State 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] (351) Signature [redacted]

Date: 4/29/2009 Place of Signature: ILWACO

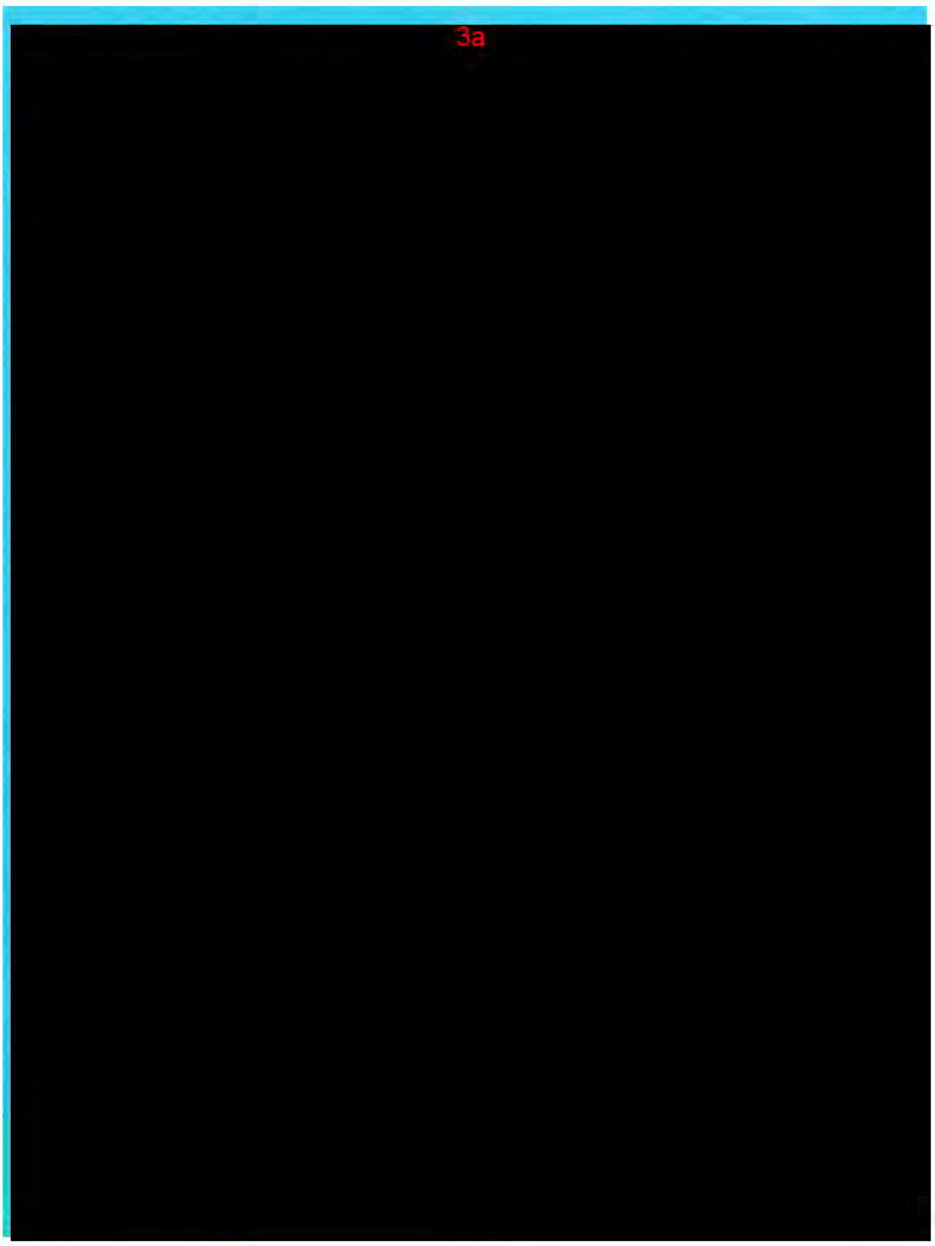
Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification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

DFS 131



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32151405D1525**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **05-20-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

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: Monday, December 11, 2017 9:25:00 AM
Attachments: [redacted] .pdf
Capture3.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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Monday, December 11, 2017 9:22 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.

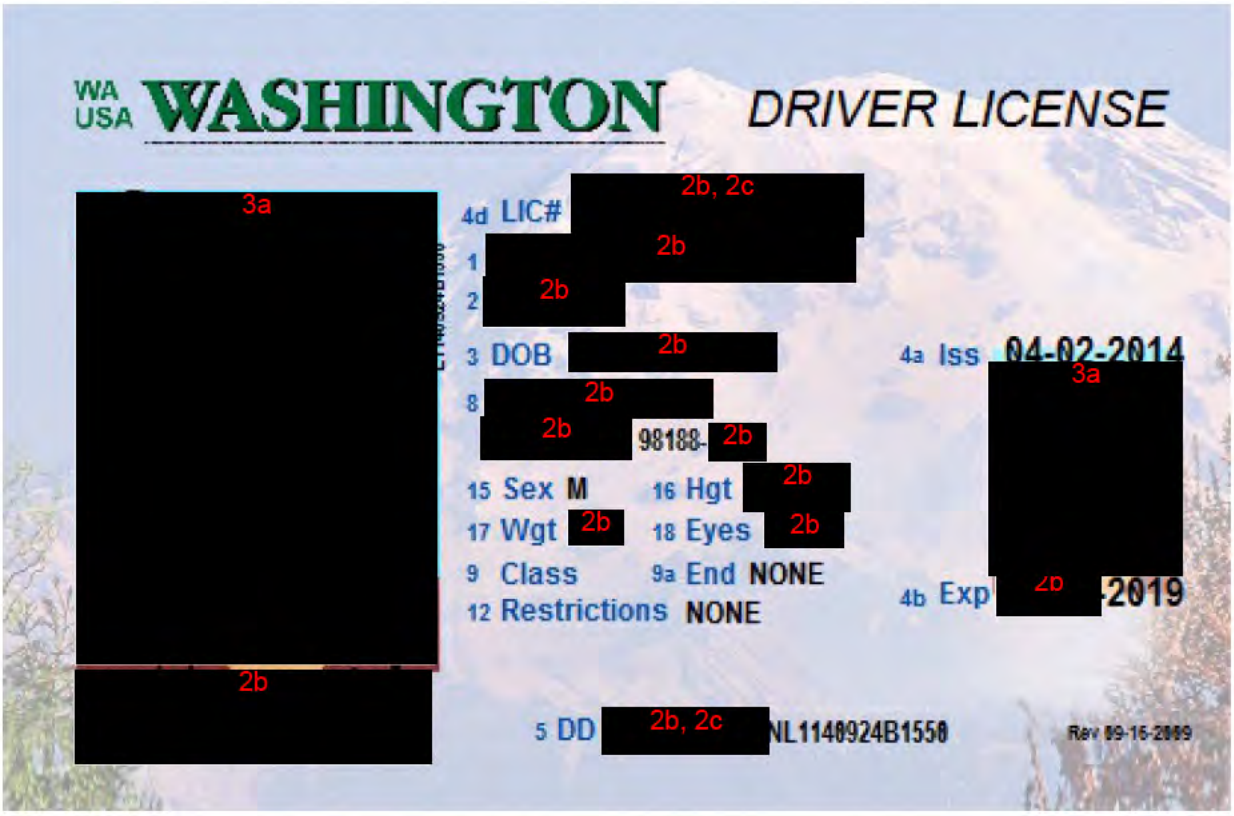
RE: 8 USC 1325
Name: [redacted]
PIC#: [redacted]
DOB: [redacted]

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

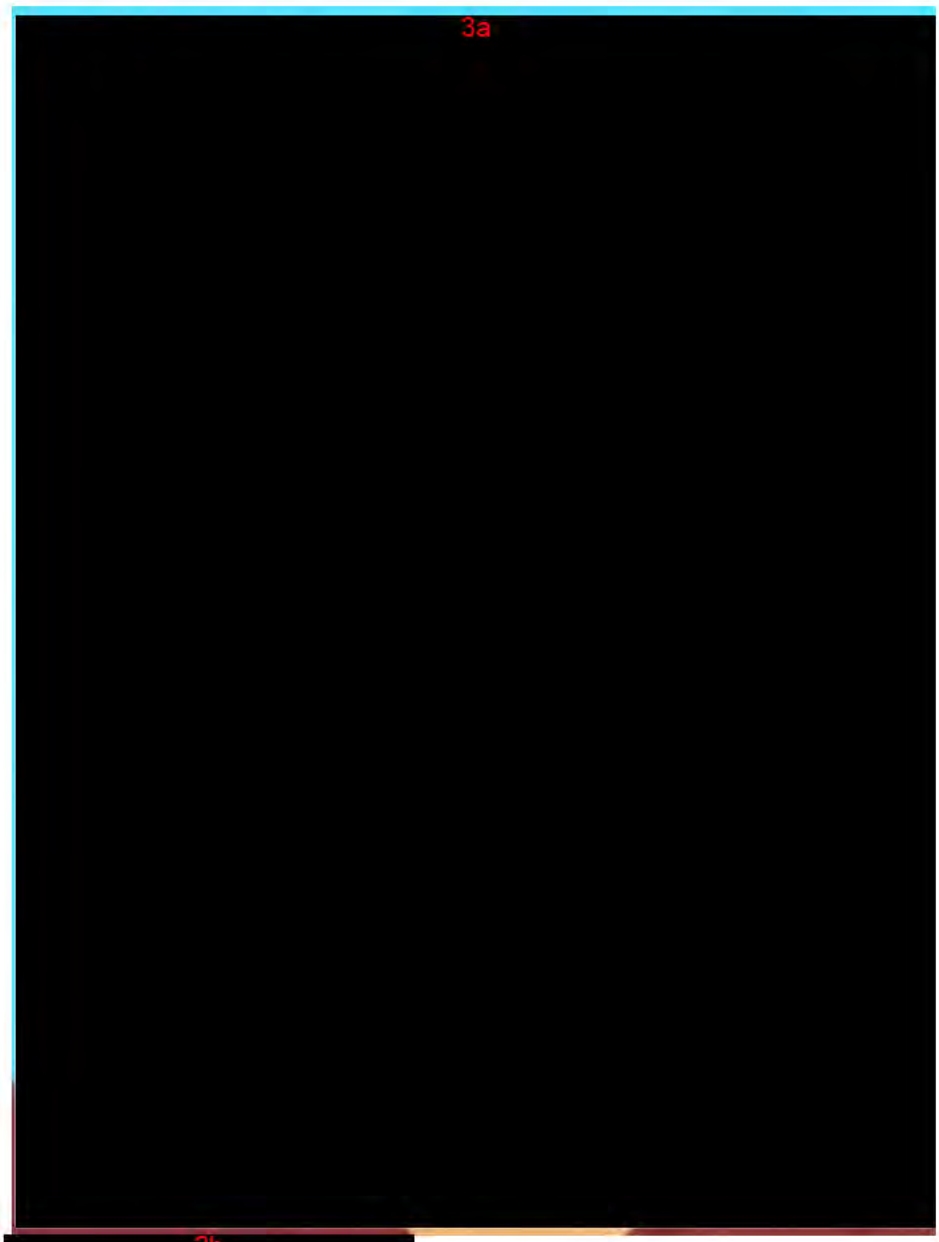


No card back image for given document.

2b, 2c

2b

3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **L1140924B1550**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **04-02-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: gabriel.j.martinez@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: DL photo
Date: Friday, December 01, 2017 12:34:43 PM

Is there a way to get previous applications under the same PICS#?

Thank you

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

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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Friday, December 01, 2017 12:16 PM
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

4B T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 0830412024B App type 31
Exam fee # E000003
Exam fee date 01-23-2013
App fee date 01-23-2013
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	98188-2b	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
SANTO DOMINGO	OAXACA	MEXICO

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	MX7 PP=2c, 6c MX7 BC=2c, 6c MX SCHL TRANS W/PHOTO

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	S9 070 10-23-2012	S1 065 10-23-2012	DS 048 03-06-2014	DS 080 04-01-2014
Driving test	086 04-01-2014			

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

R1	R2

Remarks
2c, 6c WA ID X 2c, 6c

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.

radams 475
Licensing services representative

X 2b
Applicant signature

4/2/2014
Date signed

FEDERAL WAY
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/D14092/DDLAP

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 2b]

PIC#: [redacted 2b, 2c]

DOB: [redacted 2b]

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

From: gabriel.j.martinez@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: DL photo
Date: Friday, December 01, 2017 12:34:43 PM

Is there a way to get previous applications under the same PICS#?

Thank you

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

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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Friday, December 01, 2017 12:16 PM
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 2b]

PIC#: [redacted 2b, 2c]

DOB: [redacted 2b]

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

From: gabriel.j.martinez@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: DL photo
Date: Thursday, December 07, 2017 10:12:47 AM

Thank you!

--- Originally sent by fraud@dol.wa.gov on Dec 7, 2017 10:09 AM ---

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.

From: gabriel.j.martinez@ice.dhs.gov [mailto:gabriel.j.martinez@ice.dhs.gov]
Sent: Thursday, December 07, 2017 10:07 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL photo

Can you please send the prior application under that PICS#? Thank you.

--- Originally sent by fraud@dol.wa.gov on Dec 7, 2017 10:00 AM ---

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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Thursday, December 07, 2017 9:58 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 2b]

PIC#: [redacted 2b, 2c]

DOB: [redacted 2b]

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

Secured by Trustwave® and ZixCorp®

Secured by Trustwave® and ZixCorp®

Secured by Trustwave® and ZixCorp®

From: DOL INT Fraud
To: "gabriel.j.martinez@ice.dhs.gov"
Subject: RE: DL photo
Date: Thursday, December 07, 2017 10:09:00 AM
Attachments: Capture6.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: gabriel.j.martinez@ice.dhs.gov [mailto:gabriel.j.martinez@ice.dhs.gov]
Sent: Thursday, December 07, 2017 10:07 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL photo

Can you please send the prior application under that PICS#? Thank you.

--- Originally sent by fraud@dol.wa.gov on Dec 7, 2017 10:00 AM ---

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

This message (including any attachments) may be confidential. Dissemination, distribution, or copying of this communication without approval from the Department of Licensing is prohibited. If this message is received in error, please notify the sender and delete the message. This information is being provided to you in compliance with RCW 46.20.118

From: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]

Sent: Thursday, December 07, 2017 9:58 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 2b]
PIC#: [redacted 2b, 2c]
DOB: [redacted 2b]

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

Secured by Trustwave® and ZixCorp®

State of Washington - Department of Licensing 3H T
Record of Application Application Number: 0303816403H

Appl type: 21 Date: 02-07-2003 CTL #: 03038341644

Social Security #: [redacted] Expiration Date: [redacted] 07
Name: [redacted] 2b Lic #: [redacted] 2b, 2c
Res Addr: [redacted] 2b Res City: [redacted] 2b
St: WA Zip: 98106-0000 County: KING
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: OAXACA
Are you a twin or triplet? NO Mother's Maiden Name: [redacted] 2b, 2c, 6c
Telephone:
Have you had a license before? NO
If YES, where? Under what name?
BirthCert/INS/Passport#:
Remarks: [redacted] 2c, 6c BC [redacted] 2c, 6c FATHER WDL
ID presented: Valid: NO

I certify that I am the parent and custodian 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.

SIGNED [redacted] 2b ADDRESS IF DIFFERENT

IDENTIFICATION: [redacted] 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 presented are valid, and that I have no valid Washington driver's license or photo instruction permit in my possession.

LSR [redacted] (438) Signature [redacted] 2b

Date: Friday, February 07, 2003 Place of Signature: WEST SEATTLE

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 156

From: DOL INT Fraud
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Thursday, December 07, 2017 10:00:42 AM
Attachments: [redacted] .pdf
Capture5.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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Thursday, December 07, 2017 9:58 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

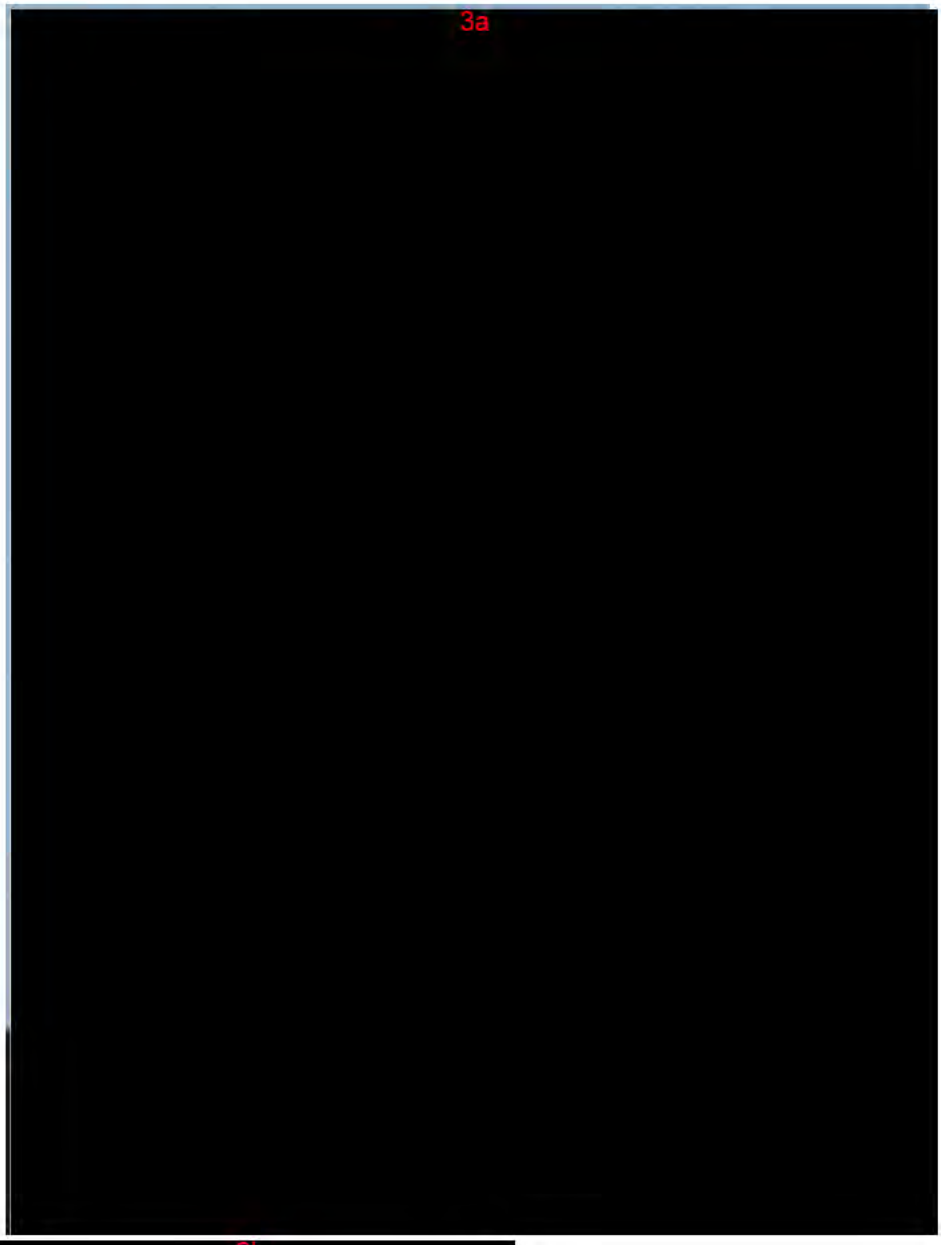
Gabriel Martinez

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

2b, 2c

2b



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **23172143H0954**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **08-02-2017**
PRODUCTION STATUS: **Mailed to Customer**

WASHINGTON STATE DEPARTMENT OF LICENSING

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

CTL #
Trans type I/D
Trans code 23

Social Security number – Required for child support enforcement. Kept on file. RCW 26.23.150	Driver license/ID number	Expiration date
[redacted]	2b, 2c	2b 2020

Last name 2b

First name 2b

Middle name 2b | Suffix

Residence address 2b

City	State	ZIP code	County
2b	WA	98108 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	2b	2b	2b	2b	2b	

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

Commercial class ☐ A ☐ B ☐ C

Commercial learners permit ☐ A ☐ B ☐ C

Endorsements	Restrictions

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.

CGONZALES 387 3H
Licensing service representative

X 2b
Applicant signature

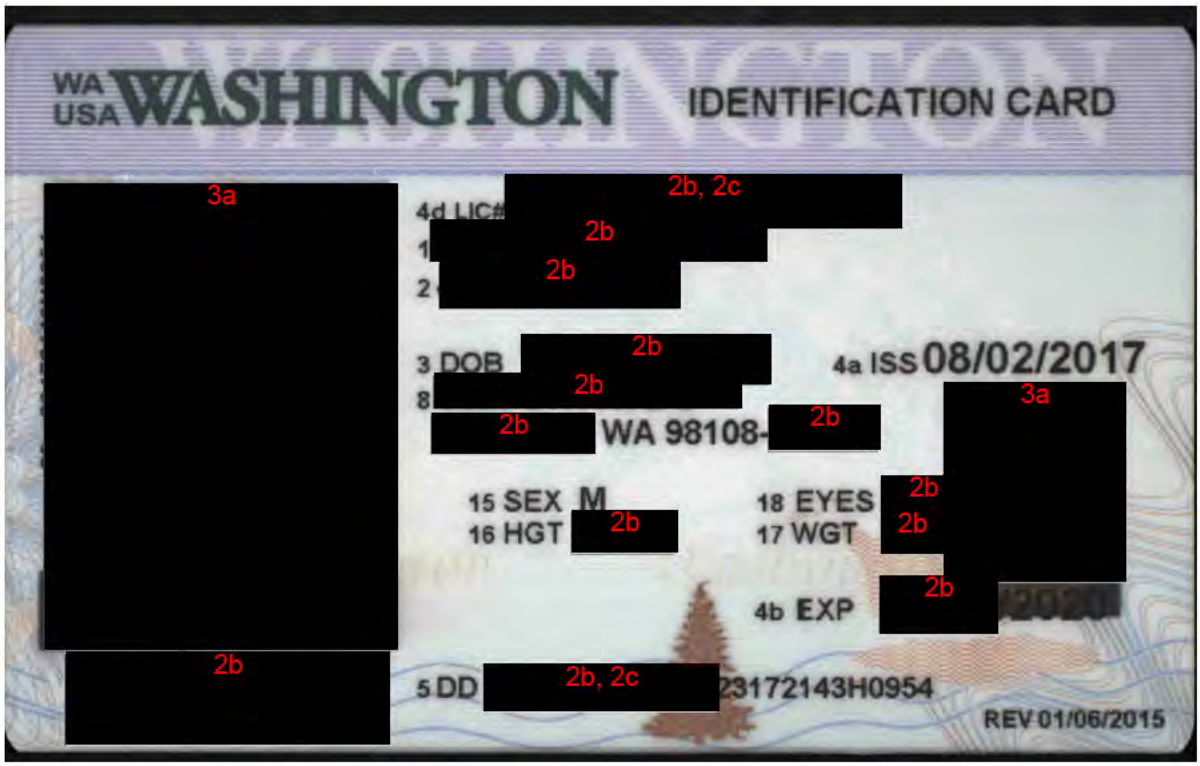
08-02-2017 WEST SEATTLE
Date and place signed

DLE-520-058 (R/10/16)CIS

/DCASE/D17214/DDUAP

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **23172143H0954**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **08-02-2017**
MAILED DATE: **08-04-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

From: DOL INT Fraud
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Monday, December 04, 2017 8:16:17 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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Monday, December 04, 2017 8:11 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.

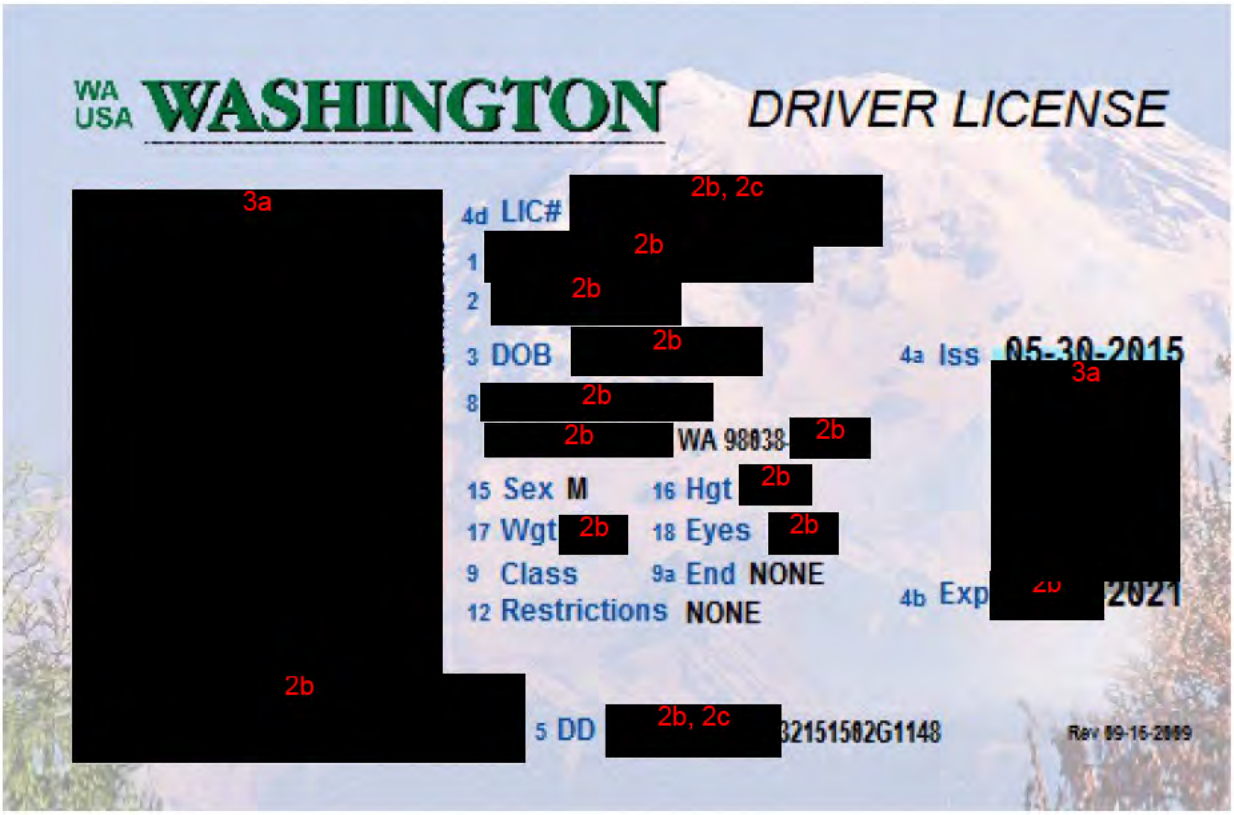
RE: 8 USC 1325
Name: [redacted]
PIC#: [redacted]
DOB: [redacted]

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

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32151502G1148**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **05-30-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: Hummel, Mandy L (DOL)
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Monday, December 04, 2017 7:57:34 AM

Sorry, ([redacted]) is a built record. This record was created by law enforcement to hold citations and infractions received. This person has not been issued a WA driver's license or ID card at this time and we do not have any photos on file.

Have a great day!

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: Monday, December 04, 2017 7:41 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

From: DOL INT Fraud
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Monday, December 04, 2017 7:53:49 AM

Sorry, ([redacted 2b, 2c]) is a built record. This record was created by law enforcement to hold citations and infractions received. This person has not been issued a WA driver's license or ID card at this time and we do not have any photos on file.

Have a great day!

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: Monday, December 04, 2017 6:58 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 2b]
PIC#: [redacted 2b, 2c]
DOB: [redacted 2b]

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

From:	gabriel.j.martinez@ice.dhs.gov
To:	DOL INT Fraud
Subject:	RE: DL photo
Date:	Friday, December 01, 2017 12:45:38 PM

Thank you!

--- Originally sent by fraud@dol.wa.gov on Dec 1, 2017 12:43 PM ---

Attached is what we have available for the PIC that was provided.

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: gabriel.j.martinez@ice.dhs.gov [mailto:gabriel.j.martinez@ice.dhs.gov]
Sent: Friday, December 01, 2017 12:35 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL photo

Is there a way to get previous applications under the same PICS#?

Thank you

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

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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Friday, December 01, 2017 12:16 PM
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 2b]

PIC#: [redacted 2b, 2c]

DOB: [redacted] 2b

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

Secured by Trustwave® and ZixCorp®

Secured by Trustwave® and ZixCorp®

From:	gabriel.j.martinez@ice.dhs.gov
To:	DOL INT Fraud
Subject:	RE: DL photo
Date:	Friday, December 01, 2017 12:45:38 PM

Thank you!

--- Originally sent by fraud@dol.wa.gov on Dec 1, 2017 12:43 PM ---

Attached is what we have available for the PIC that was provided.

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: gabriel.j.martinez@ice.dhs.gov [mailto:gabriel.j.martinez@ice.dhs.gov]
Sent: Friday, December 01, 2017 12:35 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL photo

Is there a way to get previous applications under the same PICS#?

Thank you

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

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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Friday, December 01, 2017 12:16 PM
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 2b]

PIC#: [redacted 2b, 2c]

DOB: [redacted] 2b

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

Secured by Trustwave® and ZixCorp®

Secured by Trustwave® and ZixCorp®

From: DOL INT Fraud
To: "Martinez, Gabriel J"
Subject: RE: DL photo
Date: Monday, December 11, 2017 9:45:00 AM
Attachments: [redacted] 2b, 2c
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: Martinez, Gabriel J [mailto:Gabriel.J.Martinez@ice.dhs.gov]
Sent: Monday, December 11, 2017 9:43 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] 2b
PIC#: [redacted] 2b, 2c
DOB: [redacted] 2b

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

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **21133394B1407**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **12-05-2013**
MAILED DATE: **N/A**

PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

WASHINGTON STATE DEPARTMENT OF LICENSING

ID Card Application

4B T

Office use only
Appl # 1330308394B
Appl type 21
Date 12-05-2013
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. [redacted]

Driver license number [redacted 2b, 2c]

Expiration date -- --

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

Residence address [redacted 2b]

City [redacted 2b] | State WA | ZIP code 98148-[redacted 2b] | County KING

Mailing address (if different)

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

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

Place of birth – City SANTO DOMINGO TONALA | Place of birth – State/Province OAXACA | Place of birth – Country MEXICO

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

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 ***RES OK***

For department use only

ID presented | Previous ID type | Valid ☐ Yes ☑ No

EDL ☐ Yes ☑ No | Enhanced card application status | Portfolio status

Remarks [redacted 2c, 6c] MX SEP [redacted 2c, 6c] W/PIC

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.

gmercado 149
Licensing services representative

X [redacted 2b]
Applicant signature

12-05-2013
Date signed

FEDERAL WAY
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

[redacted 2b, 2c]DCASE/D13339/DIDAP

From: DOL INT Fraud
To: "Franzone, Joseph M"
Subject: RE: [redacted] - Request for DL photos
Date: Wednesday, December 06, 2017 1:44:55 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: Franzone, Joseph M [mailto:Joseph.M.Franzone@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 1:43 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: [redacted] - 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):

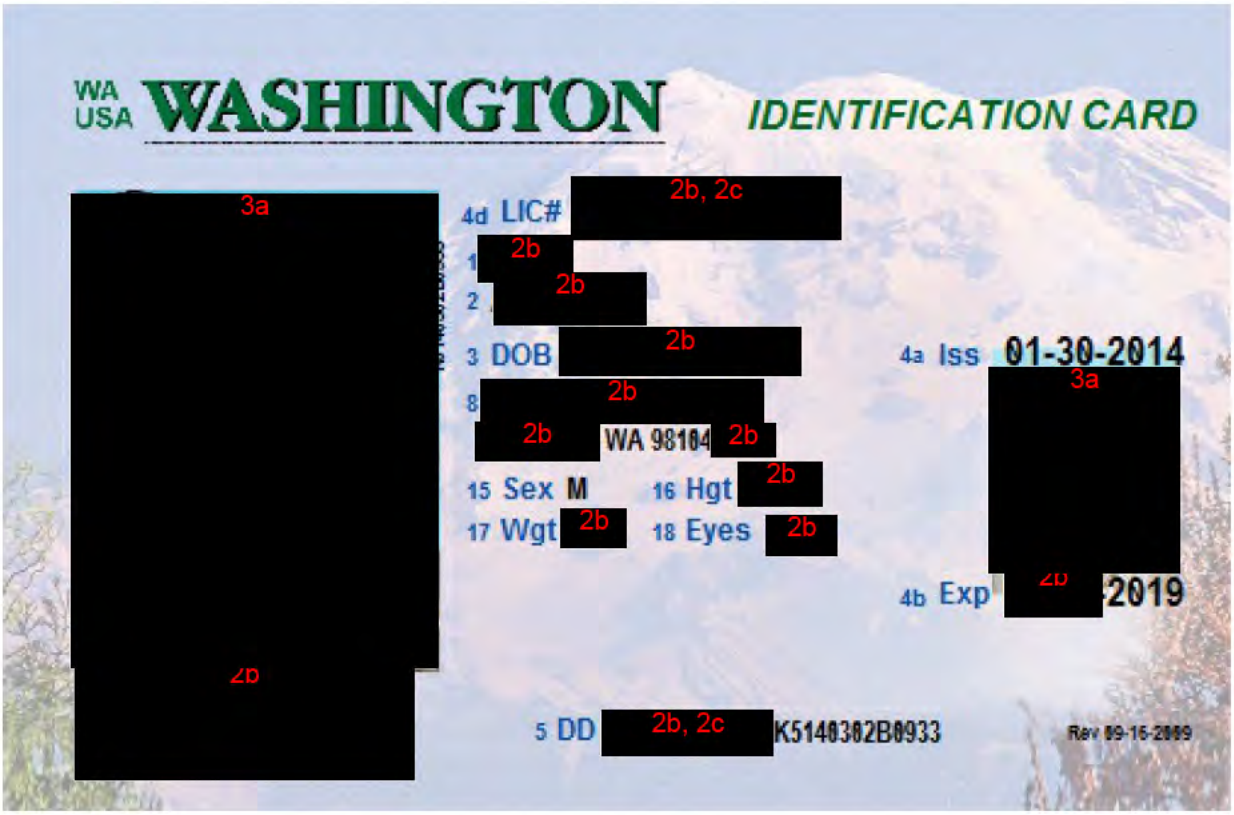
[redacted]

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.

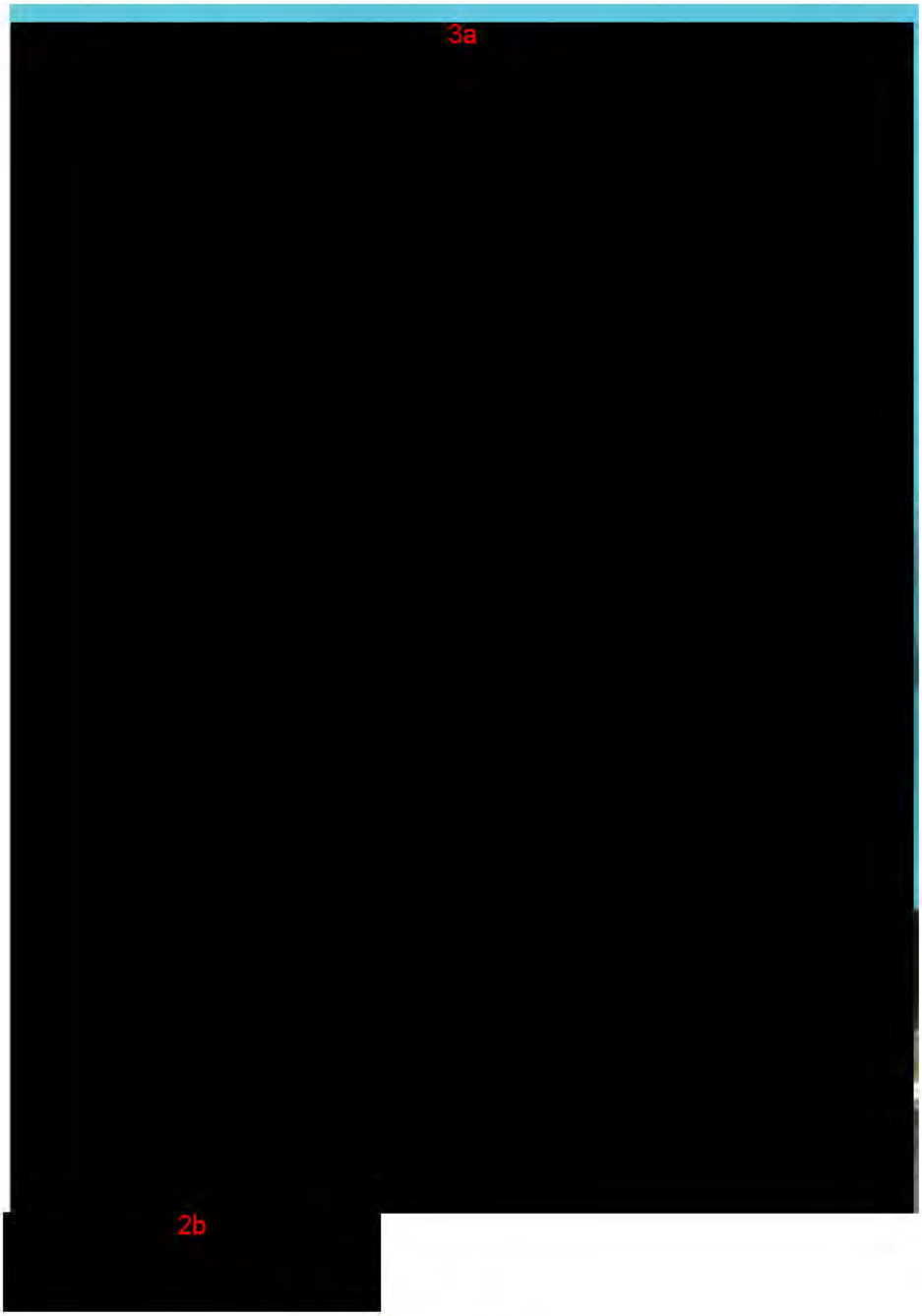
Thank you!

J. Franzone
Deportation Officer
TDY LESC
Desk: 802 288 8567
Mobile: 206 786 0024
Fax: 802-288-8550

Joseph.M.Franzone@ice.dhs.gov



No card back image for given document.



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **K5140302B0933**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **01-30-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Eidinger, Matthew C"
Subject: RE: BRUMLJR148JB
Date: Monday, December 04, 2017 4:18:55 PM
Attachments: Capture3.JPG
image001.png

We really don't have anything beyond the fact it was a FL DL, but here's the application he submitted.

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: Eidinger, Matthew C [mailto:Matthew.C.Eidinger@ice.dhs.gov]
Sent: Monday, December 04, 2017 4:15 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: [redacted 2b, 2c]

In 2015, the above subject moved from FL to WA. He surrendered his FLDL to our DOL and was subsequently issued the above WADL. I am looking to obtain **all** the information contained on the surrendered DL. An NLETS search of the above individual within FL's licensing database comes back with 0 responses. The subject is now a target of a WA/FL drug conspiracy. Please let me know. Thanks

Matt Eidinger
Special Agent
TFA@NWHIDTA
C: 360.410.6273

4H T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1516011354H App type L1
Exam fee # F000003
Exam fee date 09-09-2015
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	98405 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
TACOMA	WASHINGTON	UNITED STATES

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? FL1 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	99 999 06-09-2015			
Driving test	999 06-09-2015			

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

R1 R2

Remarks
2c, 6c FL1 DL 2c, 6c

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.

trind 138
Licensing services representative

X 2b
Applicant signature

6/9/2015
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 132

2b, 2c DCASE/D15160/DDLAP


HOMELAND SECURITY
INVESTIGATIONS
U S
SPECIAL AGENT

From: DOL INT Fraud
To: "Franzone, Joseph M"
Subject: RE: 2b, 2c - Request for DL photos
Date: Monday, December 04, 2017 4:05:40 PM

There is none

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: Franzone, Joseph M [mailto:Joseph.M.Franzone@ice.dhs.gov]
Sent: Monday, December 04, 2017 4:05 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 2b, 2c - Request for DL photos

Do you know if there is a renewal IN PROGRESS for the following individual(s):

2b, 2c

Her license expired on 2b 2017.

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
Seattle Field Office
ICE / Fugitive Operations
Desk: 206 835 0051
Mobile: 206 786 0024
Fax: 206 835 0084
Joseph.M.Franzone@ice.dhs.gov

From: joseph.m.franzone@ice.dhs.gov
To: DOL INT Fraud
Subject: RE: 2b, 2c - Request for DL photos
Date: Monday, December 04, 2017 4:06:56 PM

Thank you!

--- Originally sent by fraud@dol.wa.gov on Dec 4, 2017 4:05 PM ---

There is none

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.

From: Franzone, Joseph M [mailto:Joseph.M.Franzone@ice.dhs.gov]
Sent: Monday, December 04, 2017 4:05 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 2b, 2c - Request for DL photos

Do you know if there is a renewal IN PROGRESS for the following individual(s):

2b, 2c

Her license expired on [redacted]/2017.

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

Seattle Field Office

ICE / Fugitive Operations

Desk: 206 835 0051

Mobile: 206 786 0024

Fax: 206 835 0084

Joseph.M.Franzone@ice.dhs.gov

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

From: DOL INT Fraud
To: "Berg, Justin A"
Subject: RE: DL Application and DL Photo"s
Date: Thursday, December 07, 2017 4:32:11 PM
Attachments: [redacted].pdf
[redacted].pdf
Capture15.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: Berg, Justin A [mailto:Justin.A.Berg@ice.dhs.gov]
Sent: Thursday, December 07, 2017 4:26 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Application and DL Photo's

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 the driver license/ID Application.
This information is needed to help identify the subject for apprehension and removal from the United States do to criminal activity and for entering the United States at an Improper time or place; avoidance of examination or inspection; misrepresentation and concealment of facts (Title 8 U.SC. 1325).

PIC: [redacted]

Thank You.

Justin Anthony Berg

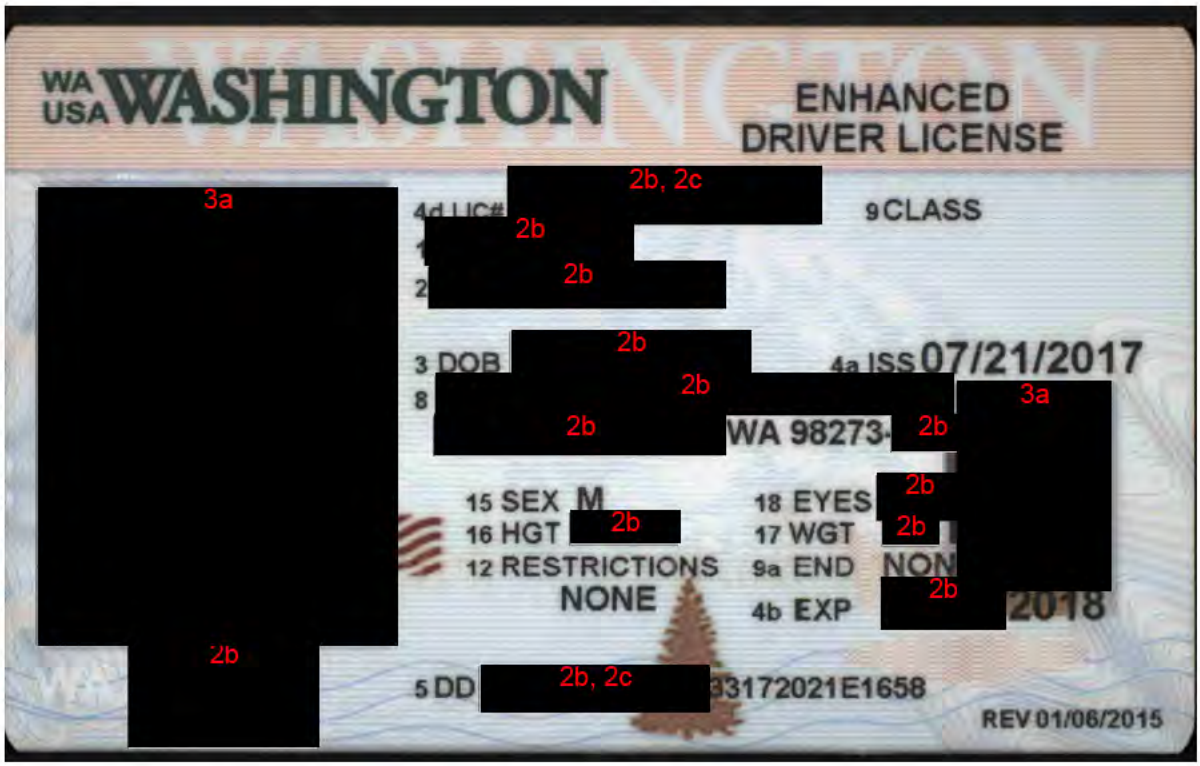
Deportation Officer
ICE-Enforcement & Removal Operations

Seattle Field Office
12500 Tukwila International Blvd.
Seattle, WA 98168
Office: 206-835-0648
Cell: 206-459-1077
Justin.A.Berg@ICE.DHS.GOV

Honor First

License Printout (Front Only)

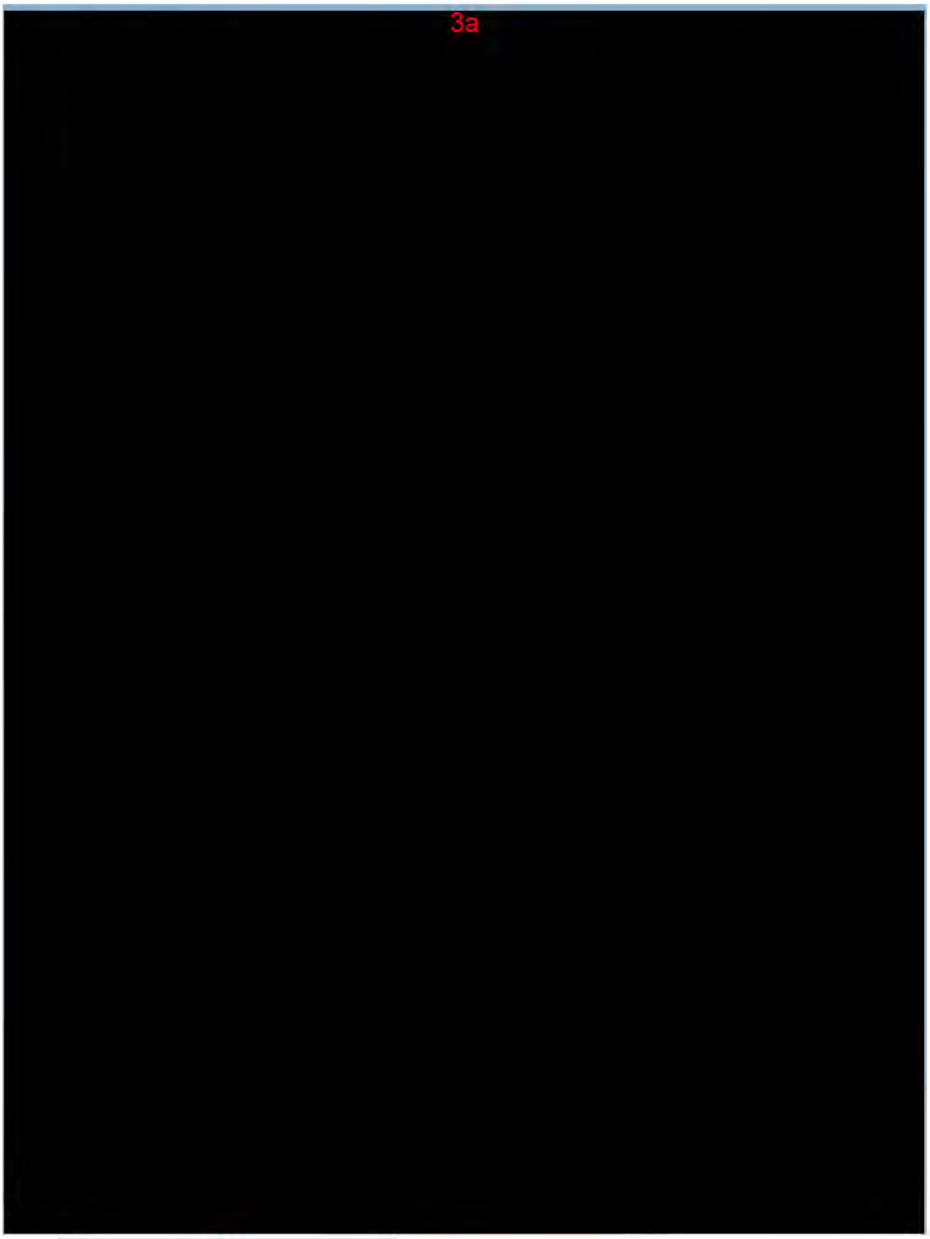
CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33172021E1658**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX: 2b
DATE OF BIRTH: 2b
ISSUE DATE: **07-21-2017**
MAILED DATE: **07-26-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **33172021E1658**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX: [redacted]
DATE OF BIRTH: [redacted]
ISSUE DATE: **07-21-2017**
PRODUCTION STATUS: **Mailed to Customer**

1E T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1312412051E App type L1
Exam fee # D000002
Exam fee date 01-14-2014
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]	[redacted] 2b, 2c	-- --	☐ Yes ☑ No

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

Residence address
[redacted] 2b

City	State	ZIP code	County
[redacted] 2b	WA	98273 [redacted] 2b	SKAGIT

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] 2b	[redacted] 2b	[redacted] 2b	[redacted] 2b 1994

Place of birth – City	Place of birth – State/Province	Place of birth – Country
BROWNSVILLE	TEXAS	UNITED STATES

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

	1st test	2nd test	3rd test	4th test
Knowledge exam	DS 100 09-06-2013			
Driving test	VIO 09-11-2013	084 01-04-2014		

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

R1 R2

Remarks
[redacted] 2c, 6c VAID

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.

YRamos 142
Licensing services representative

X [redacted] 2b
Applicant signature

1/14/2014
Date signed

MT VERNON
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/D14014/DDLAP

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.

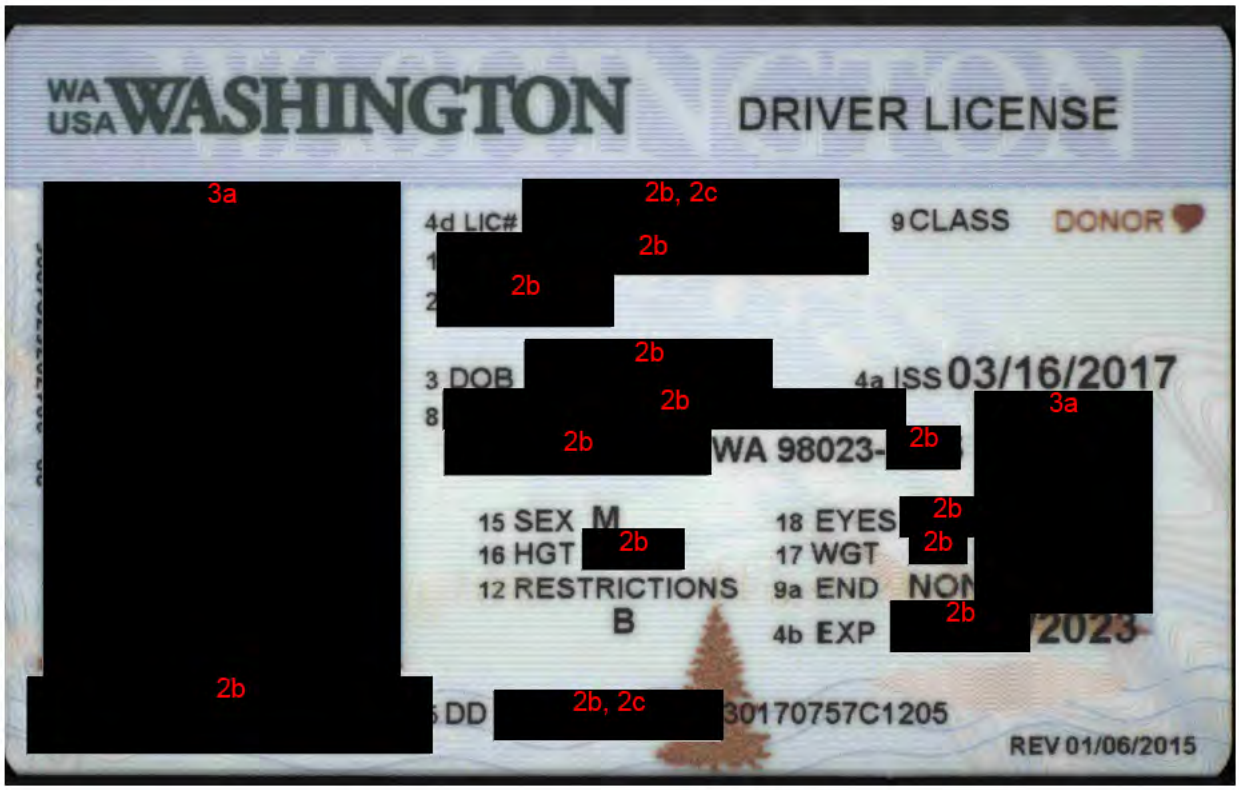
Have a great day!!!

Thank you,

Taula Peter

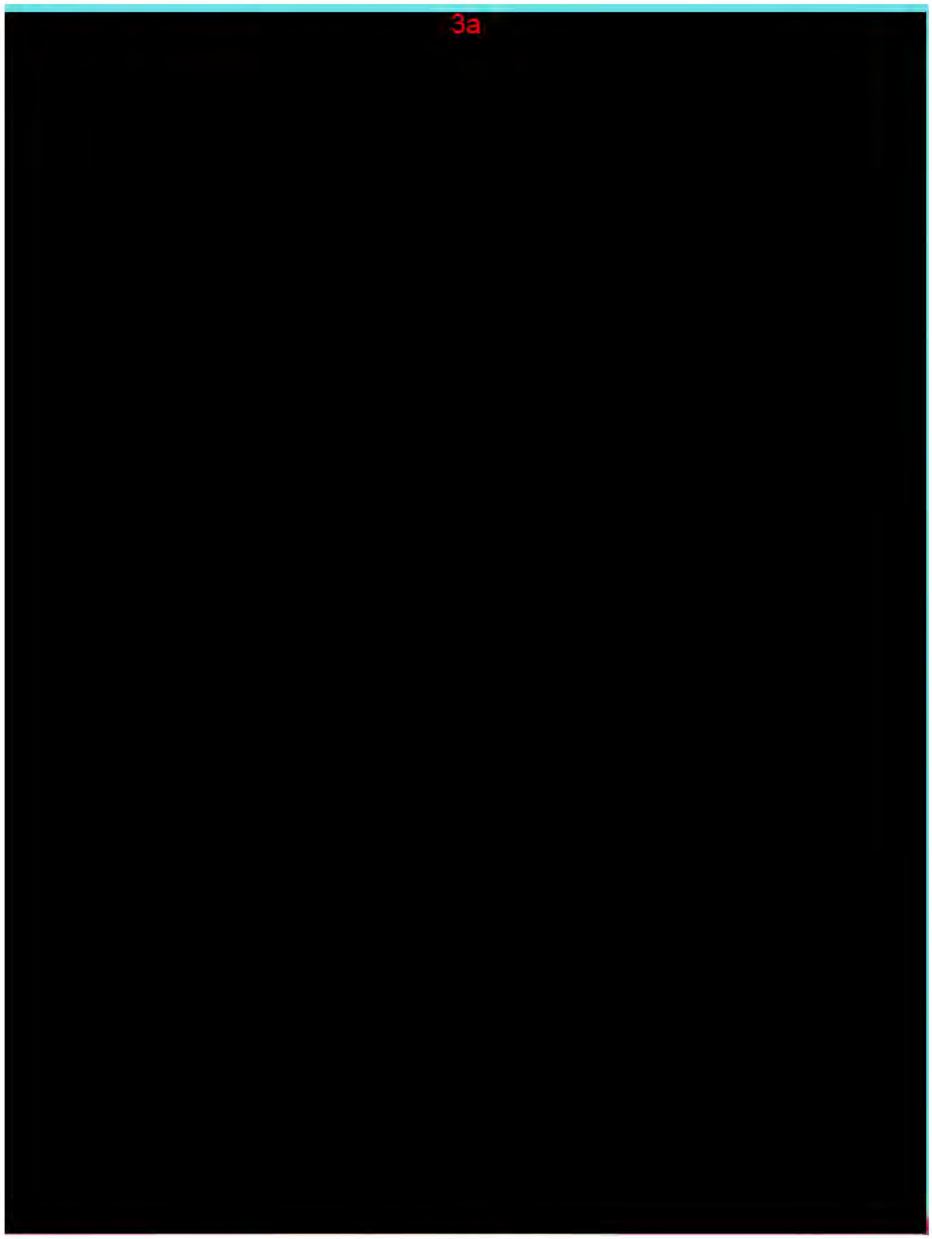
Deportation Officer
Seattle Field Office – ICE/ERO
12500 Tukwila International Blvd.
Seattle, WA 98168
Office: 206-835-0613

Cell: 206-280-1870


WA USA WASHINGTON DRIVER LICENSE
3a
4d LIC# 2b, 2c
9 CLASS DONOR
2b
2b
3 DOB 2b
4a ISS 03/16/2017
8 2b
2b
WA 98023- 2b
3a
15 SEX M
16 HGT 2b
18 EYES 2b
17 WGT 2b
12 RESTRICTIONS B
9a END NON
4b EXP 2b /2023
2b
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.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **30170757C1205**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
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 [redacted]	Driver license/ID number [redacted] 2b, 2c	Expiration date [redacted] 2b 2023
Last name [redacted] 2b		
First name [redacted] 2b		
Middle name [redacted] 2b		Suffix
Residence address [redacted] 2b		
City [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	BRO	[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 ☐ 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-520-058 (R/10/16)C35

/DCASE/D17075/DDL/AP

From: DOL INT Fraud
To: "Lopez Jr, Ramon"
Subject: RE: DL Info request
Date: Wednesday, December 06, 2017 11:39:09 AM
Attachments: Capture10.JPG
2b 2c .pdf
2b, 2c .pdf

Here you go. I will pull the 2nd app from our archives.

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: Lopez Jr, Ramon [mailto:Ramon.LopezJr@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 11:34 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Info request

Good afternoon,

I would like to request a copy of the individual's application and driver's license. Please and thank you.

PIC	Name/Street	Sex	SSN	Birth date	Height	Weight	City	CDL	Lic	Expires
2b, 2c	2b 2b	M		2b			2b		22	2b /2022

PIC	Name/Street	Sex	SSN	Birth date	Height	Weight	City	CDL	Lic	Expires
2b, 2c	2b	M		2b			2b		32	2b /2023

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 U.S.C. 1325 -- Unlawful Entry by the aforementioned individual.

Ramon Lopez Jr.

Immigration and Customs Enforcement
Seattle Field Office
12500 Tukwila International Blvd. Seattle, WA 98168
Cell: (206) 786-9794 Desk: (206) 248-4871

State of Washington - Department of Licensing 2C T
Record of Application Application Number: 0706509212C 2C

Appl type: 31 Exam Fee #: C000001 Exam Fee Date: 09-08-2007 CTL #: 0716626226

Social Security #: [redacted] Expiration Date: [redacted]-14
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98043-0000 County: SNOHOMISH
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: MALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birthplace: EL ROSARIO HONDURAS
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
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: S1-076 05-18-2007 SO-071 05-22-2007 S1-080 06-08-2007 __-__-__ __-__-__

DRIVING: 082 06-18-2007 _____ __-__-__ _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST: 482 06-18-2007 2C

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 _____ (215) Signature X [redacted]

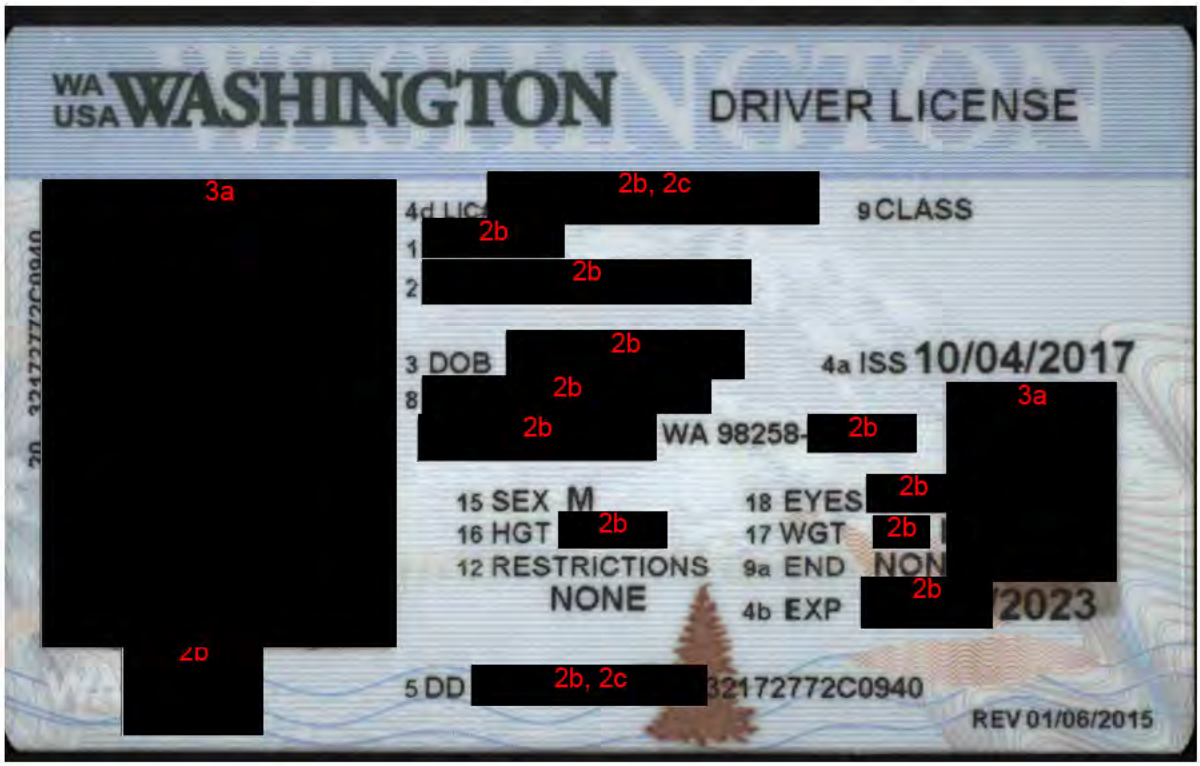
Date: 6-18-07 Place of Signature: EVERETT

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)

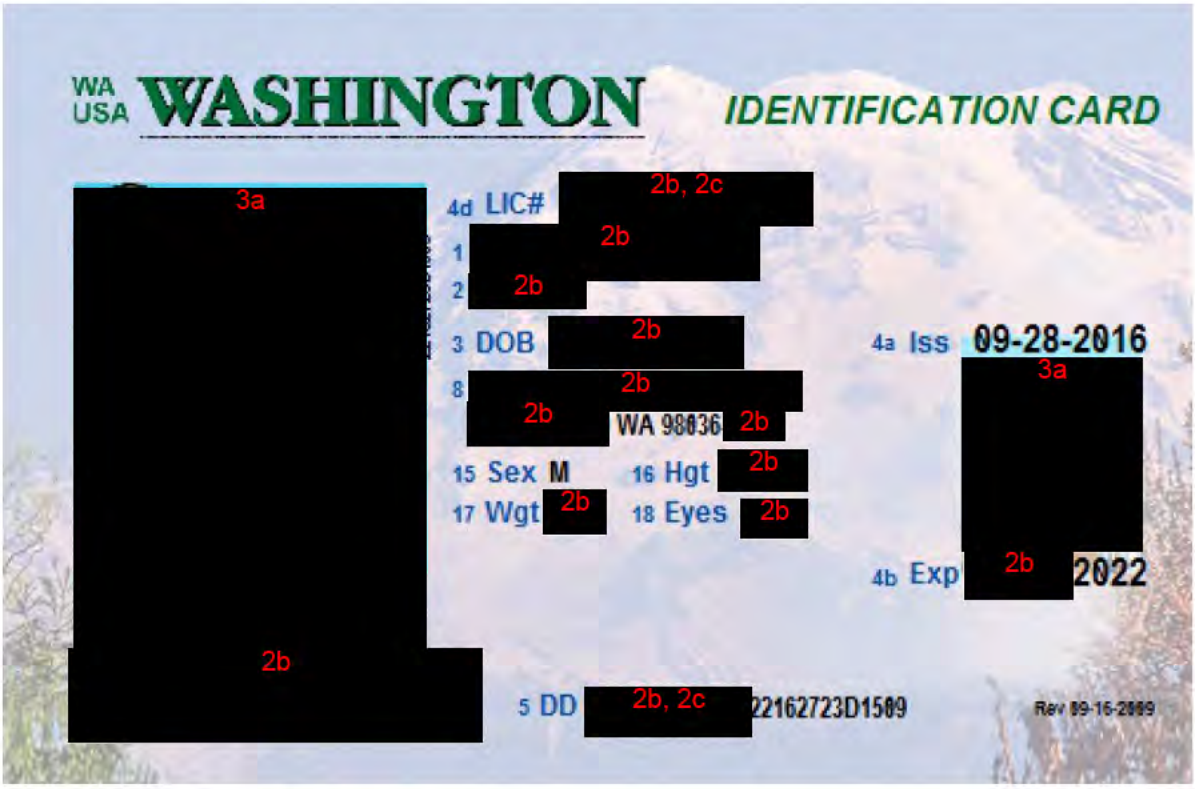


LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32172772C0940**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **10-04-2017**
MAILED DATE: **10-07-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **221627230D1509**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-28-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Wednesday, December 06, 2017 10:55:47 AM
Attachments: [2b, 2c redacted].pdf
Capture7.JPG
[2b, 2c 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: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 10:52 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: 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 relation to an investigation for the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: [2b, 2c redacted]
PIC#: [2b, 2c redacted]

Thank you for your assistance with this matter.

Have a great day!!!

Thank you,

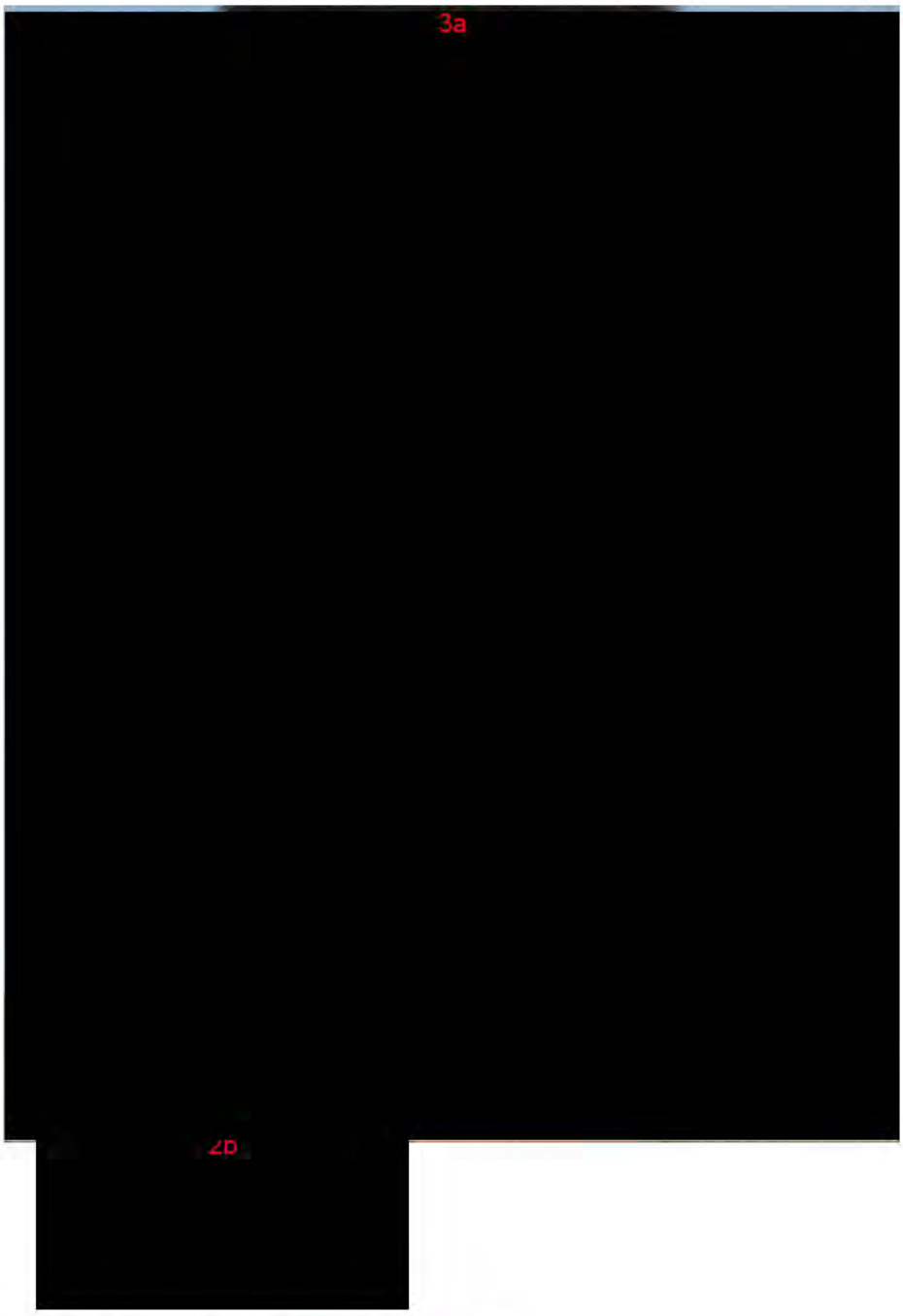
Taula Peter

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

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

2b, 2c

2b



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33171533H1624**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **O**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-02-2017**
PRODUCTION STATUS: **Mailed to Customer**

State of Washington - Department of Licensing 3C T
Record of Application Application Number: 0706713223C 3C

Appl type: 31 Exam Fee #: E000008 Exam Fee Date: 06-30-2007 CTL #: 0 710 [illegible] 057

Social Security #: [redacted] Expiration Date: [redacted] 2b
Name: [redacted] 2b Lic #: [redacted] 2b, 2c Military: NO
Res Addr: [redacted] 2b Res City: [redacted] 2b
St: WA Zip: 98118-0000 County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: MALE Birthdate: [redacted] 2b Height: [redacted] 2b Weight: [redacted] 2b Eyes: [redacted] 2b
History: Birthplace: 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] 2c, 6c / WAID CARD
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 20/040	BOTH 20/040	RIGHT 20/040	FUSION SAT	FIELD SAT	COLOR SAT
KNOWLEDGE: 01-091 10-25-2006	__-___	__-__-__	__-___	__-__-__	__-___	__-__-__
DRIVING: 081 04-17-2007	_____	__-__-__	_____	__-__-__	_____	__-__-__

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 [signature] (299) Signature [redacted] 2b

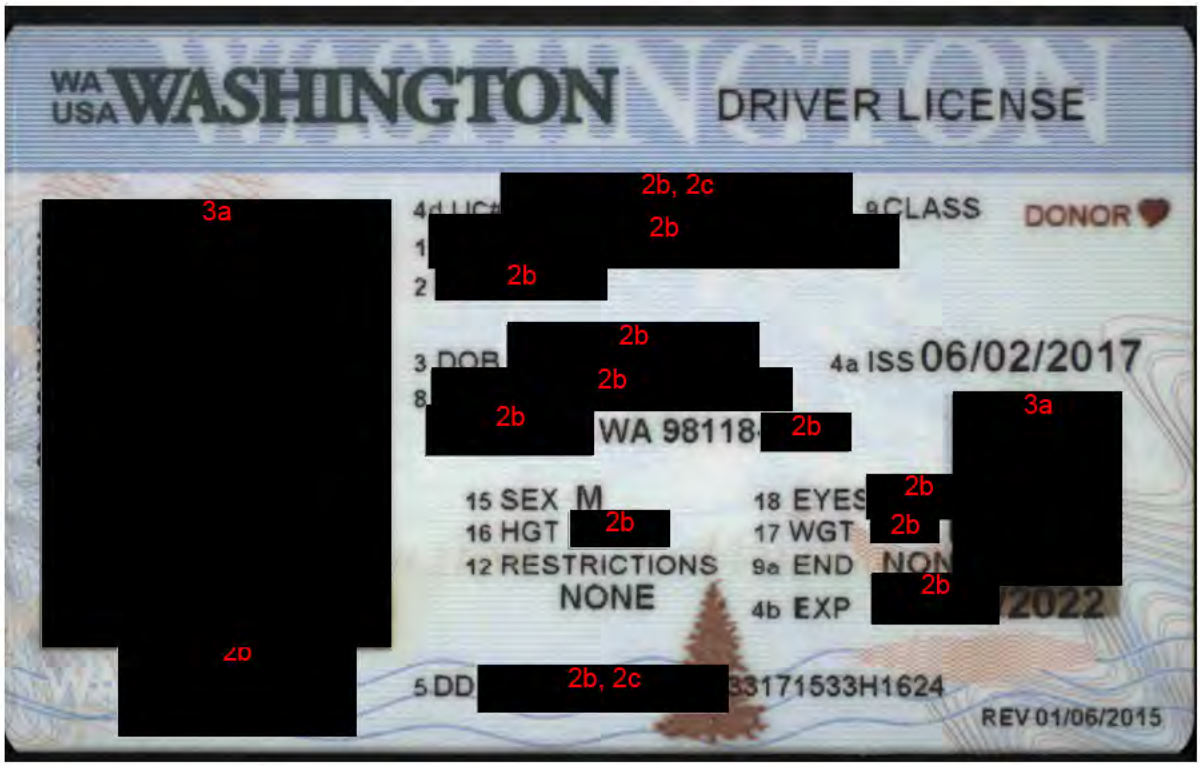
Date: 04.07.11 Place of Signature: EAST SEATTLE

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: **33171533H1624**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **O**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-02-2017**
MAILED DATE: **06-07-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

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.

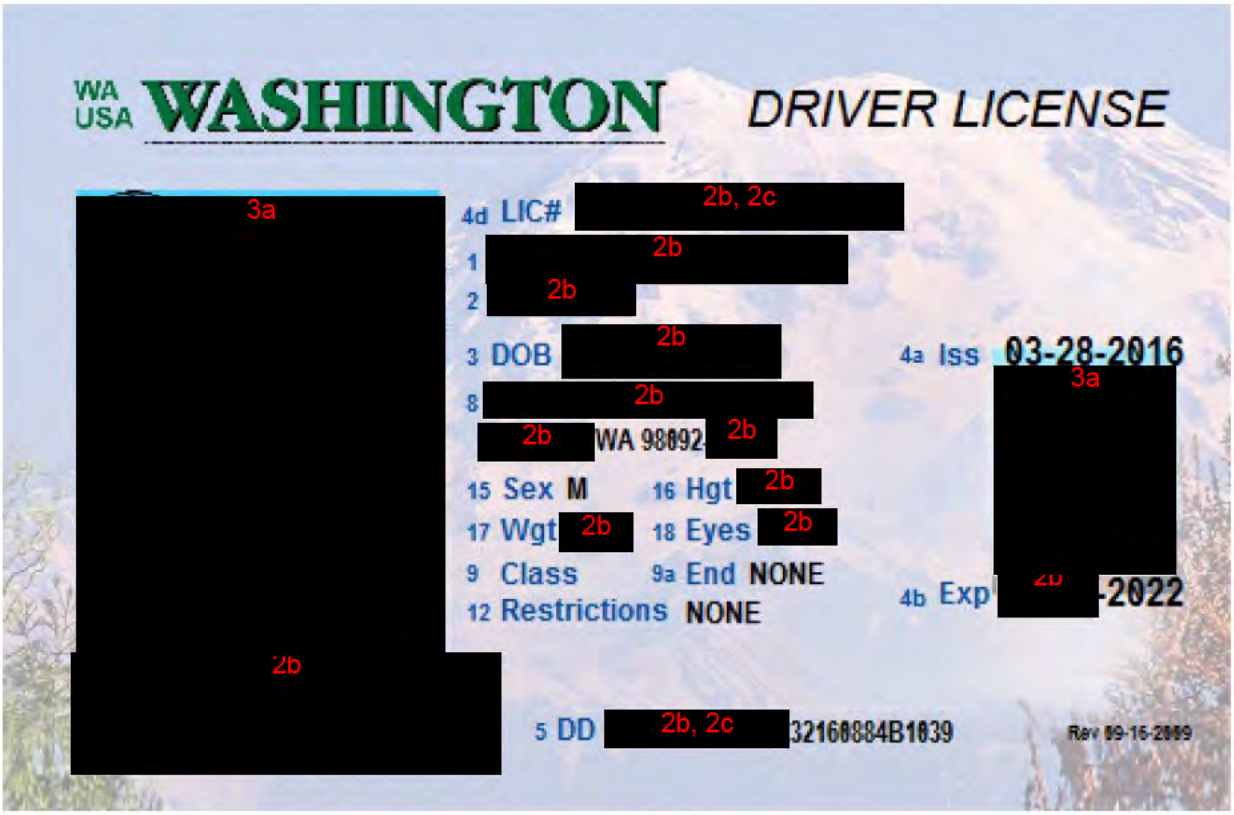
Have a great day!!!

Thank you,

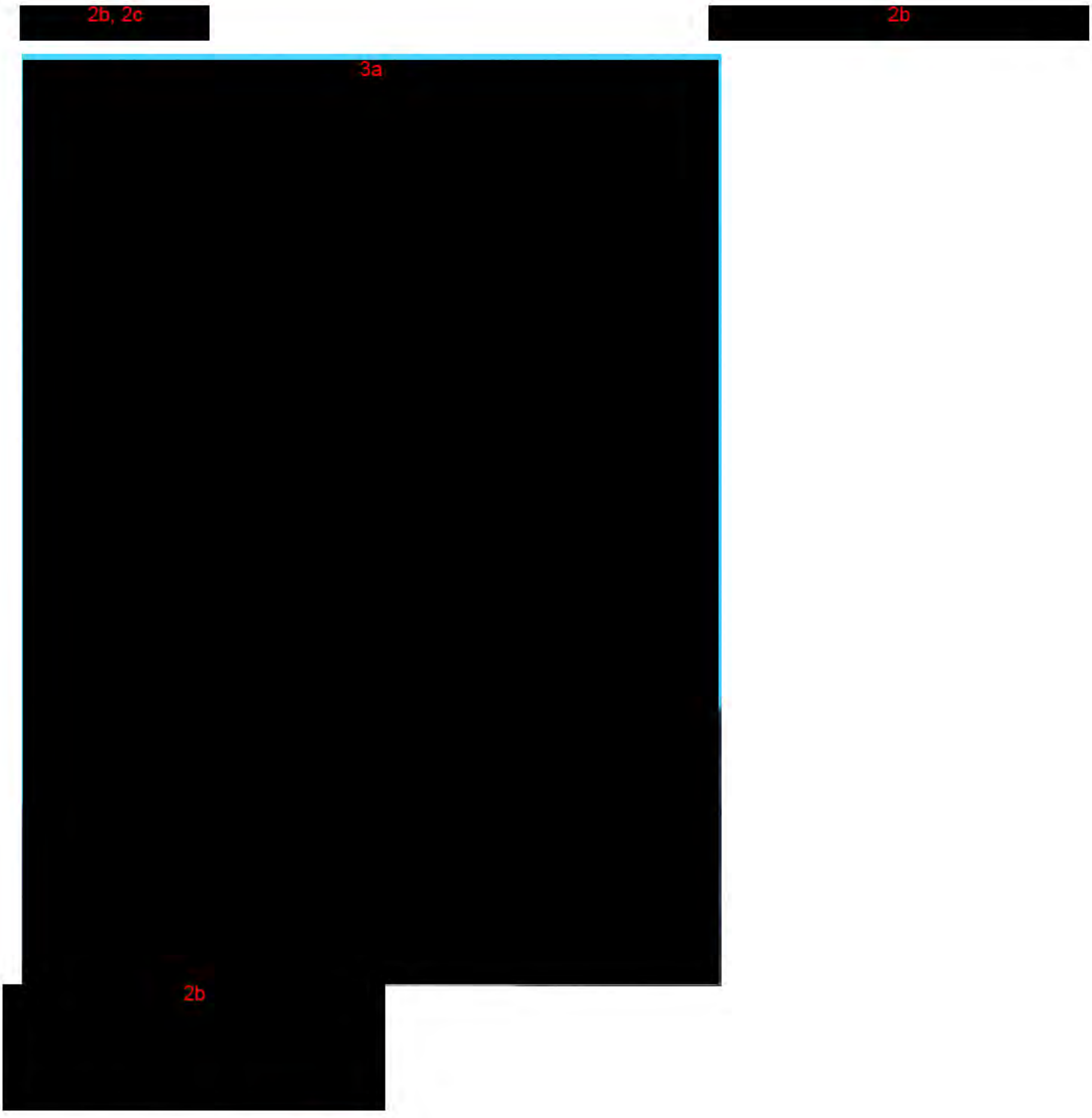
Taula Peter

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.



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32160884B1039**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-28-2016**
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 Signature: EAST SEATTLE

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: Monday, December 11, 2017 2:55:32 PM
Attachments: Capture9.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: Monday, December 11, 2017 2:05 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 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 in relation to an investigation in to the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: 2b, 2c
2b, 2c
2b, 2c
2b, 2c

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

State of Washington - Department of Licensing CJ T
Record of Application Case Number: 003061108CJ

Appl type: 31 Exam Fee #: C001592 Exam Fee Date: 02-01-01 CTL #: A312C51021

Social Security #: [redacted] Expiration Date [redacted]-04
Name: [redacted] Sex: MALE Birthdate: [redacted]
Address: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
City: [redacted] ST: WA Zip: 98444-0000 County code: 27 Vote: NO
History: License #: [redacted] Military: NO
Birthplace: MEXICO
Are you a twin or triplet? NO Mothers 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
If YES, describe:
ID presented:
Remarks: [redacted] CJ- WA ID CARD SS CARD

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 _____

IDENTIFICATION:

ACUITY	BOTH	RIGHT	LEFT	FUSION	FIELD	COLOR	HEARING
WITHOUT CORRECTION	20/040	20/040	20/040	SATIS or UNSATIS	S	S	S
WITH CORRECTION	20/	20/	20/				

KNOWLEDGE:	S1-080	11-01-00	__-___	__-__-__	__-___	__-__-__
DRIVING:	084	11-07-00	_____	__-__-__	_____	__-__-__

RESTRICTIONS: 000000 ENDORSEMENTS: 0000 CDL CLASS:

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 Krystal Clark signature [redacted]

From: DOL INT Fraud
To: "Winkle, Michael T"
Subject: RE: DL Info request
Date: Monday, December 11, 2017 2:27:10 PM
Attachments: Capture5.JPG
2b, 2c .pdf
Capture6.JPG
2b, 2c .pdf
2b, 2c .pdf
Capture7.JPG
2b, 2c .pdf
2b, 2c .pdf
2b, 2c .pdf

Here you go. I will pull the final app from archives.

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: Monday, December 11, 2017 2:05 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 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 in relation to an investigation in to the violation of 8 USC 1325 and 1326. Please provide the application if available.

PIC#: 2b, 2c
2b, 2c
2b, 2c
2b, 2c

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

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

CTL #
Trans type PDL
Trans code LI
Exam fee # D000009
Exam fee date 12-18-2017

Social Security number – Mandatory for identification purposes per 49 CFR 383.153, RCW 46.25.070	Driver license/ID number	Expiration date
[redacted]	2b, 2c	2b 2023

Last name
2b

First name
2b

Middle name | Suffix

Residence address
2b

City	State	ZIP code	County
2b	WA	98499 2b	PIERCE

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	2b	2b	2b	2b	2b	

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

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

1. Have you had a license before? ☑ Yes ☐ No
   If yes, where? VAI 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. Do you have a mental or physical condition or are you taking any medication which could impair your ability to operate a motor vehicle? ☐ Yes ☑ No

Endorsements	Restrictions

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

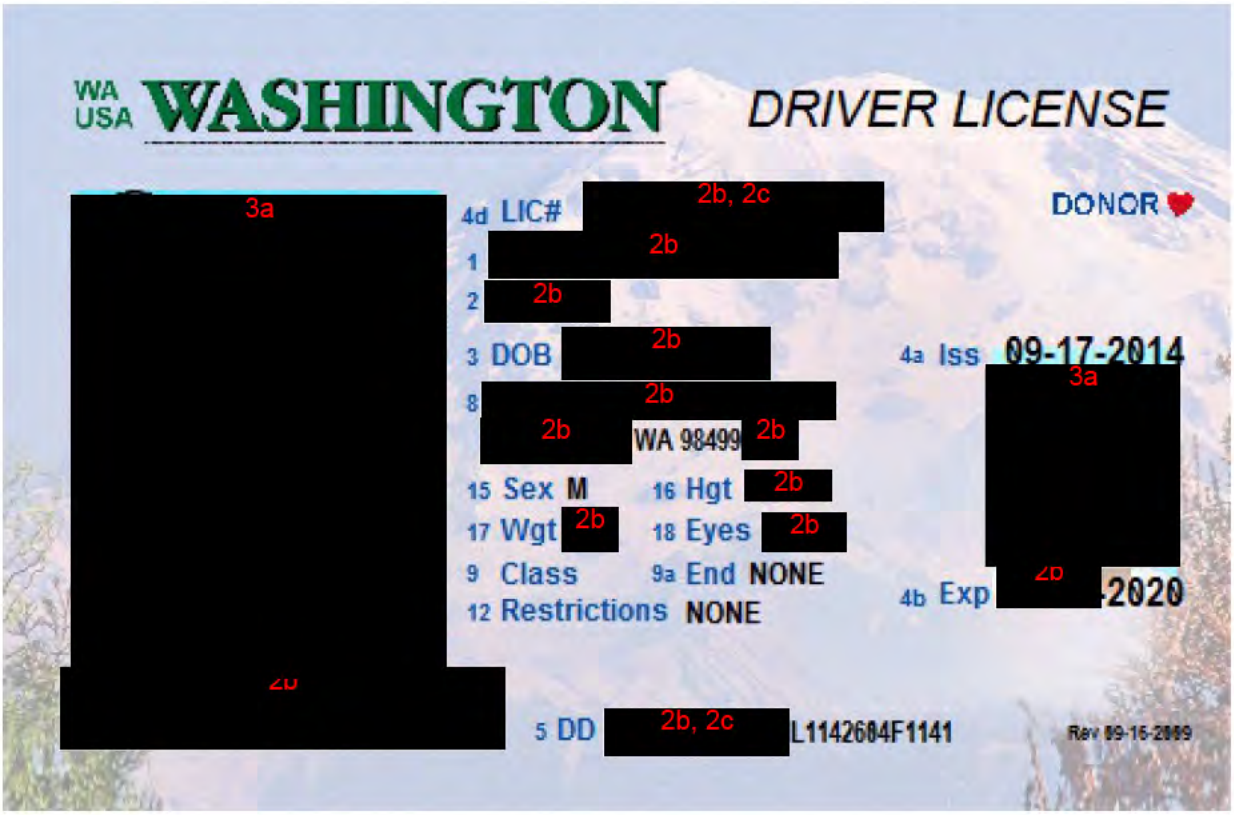
Acuity			Fusion	Field
☐ w/correction ☑ w/o correction	Left: 20/040	Right: 20/040	Both: 20/040	☑ Sat ☐ Unsat	☑ Sat ☐ Unsat

Knowledge exam	Driving test
999 9/18/2017	999 9/18/2017

Birth certificate/INS/Passport number	Mother's maiden name
	2b, 2c, 6c

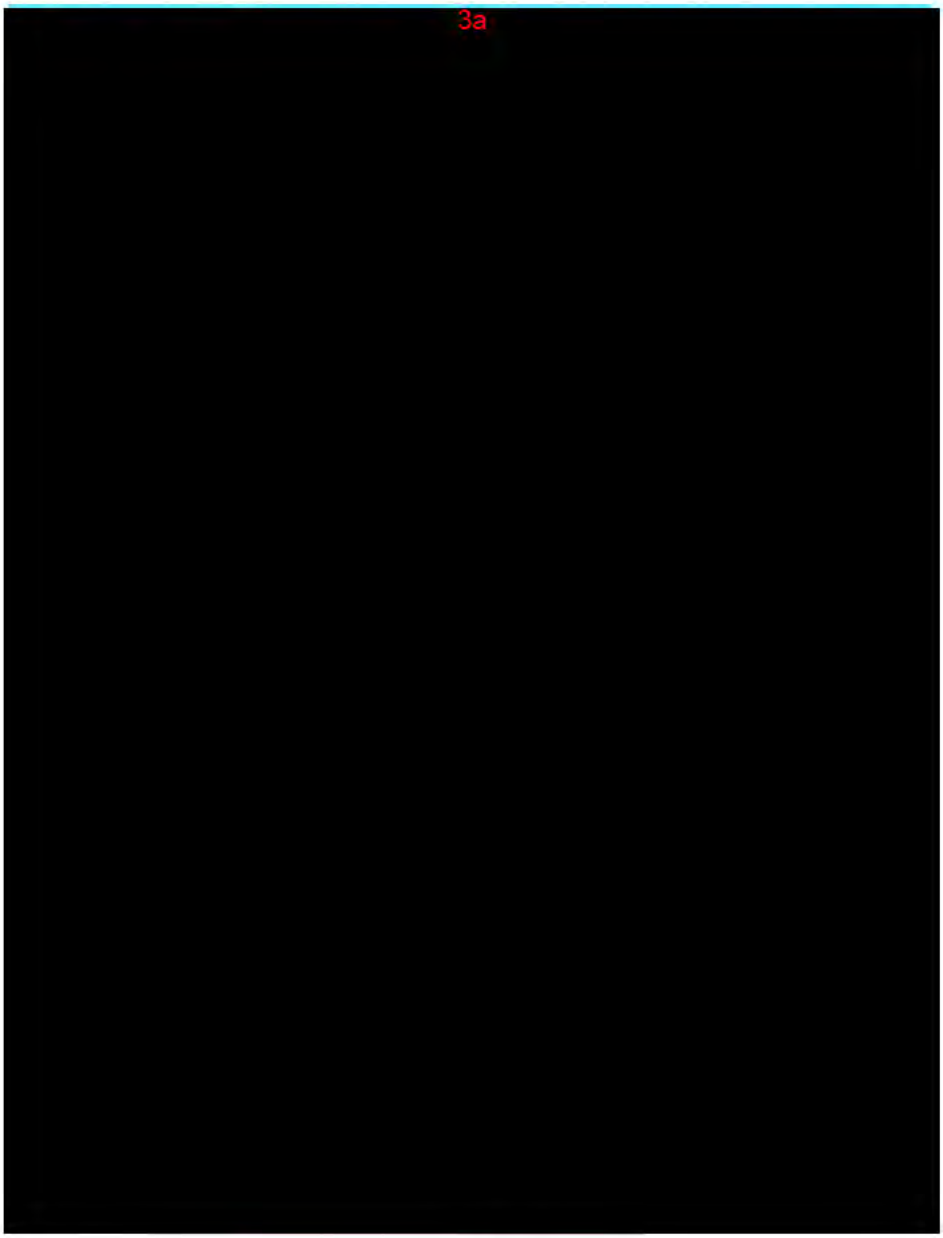
Remarks
2c, 6c VA DL 2c, 6c

2b, 2c DCASE/D17261/DDLAP



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **L1142604F1141**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **09-17-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

4F T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1414910374F App type 31
Exam fee # C000005
Exam fee date 12-17-2014
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]	[redacted] 2b, 2c	-- --	☐ Yes ☑ No

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

Residence address
[redacted] 2b

City	State	ZIP code	County
[redacted] 2b	WA	98499-[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
[redacted] 2b	☑ Male ☐ Female	[redacted] 2b	[redacted] 2b	[redacted] 2b	[redacted] 2b

Place of birth – City	Place of birth – State/Province	Place of birth – Country
	HIDALGO	MEXICO

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

1. Have you had a license before? ☑ Yes ☐ No
   If yes, where? TX1 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.

X
Guardian signature

Address if different

Identification RES OK 09/17/2014

Office use only

Previous ID type	ID presented	Valid
License	25992870	☑ 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	99 999 09-17-2014			
Driving test	999 09-17-2014			

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

R1 R2

Remarks
[redacted] 2c, 6c TXDL XP[redacted] 2c, 6c 2014 VALID PROIR APPL.MX MATRX [redacted] 2c, 6c

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.

RMyles 137
Licensing services representative

X [redacted] 2b
Applicant signature

9/17/2014
Date signed

PUYALLUP
Place signed

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

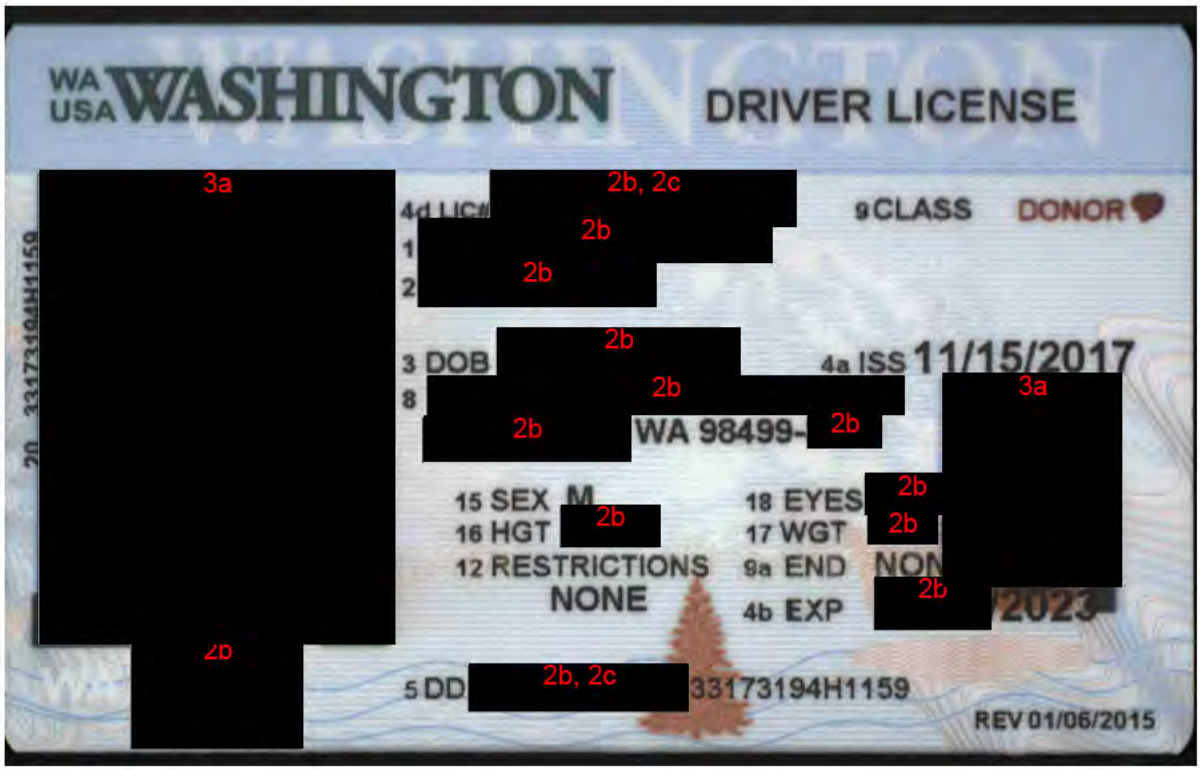
We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DFS 131

[redacted] 2b, 2c /DCASE/D14260/DDLAP

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33173194H1159**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **11-15-2017**
MAILED DATE: **11-17-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

2b, 2c

2b

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33173194H1159**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **11-15-2017**
PRODUCTION STATUS: **Mailed to Customer**

State of Washington - Department of Licensing 4F T
Record of Application Application Number: 0802909504F 4F

Appl type: 31 Exam Fee #: A000009 Exam Fee Date: 04-30-2008 CTL #: 0803749P1200

Social Security #: [redacted] Expiration Date: [redacted] - 2012
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98404-[redacted] County: PIERCE
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: TLAHUILTEPA
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? YES
If YES, where? FL1 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#: MEX PP#[redacted],MEX BC WITH OUT#,SEP[redacted]
Remarks: [redacted] MEX CONS[redacted] [redacted] FL LIC [redacted] SIGNED RESIDENCY
Previous ID Type: License ID presented: [redacted] 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: _____

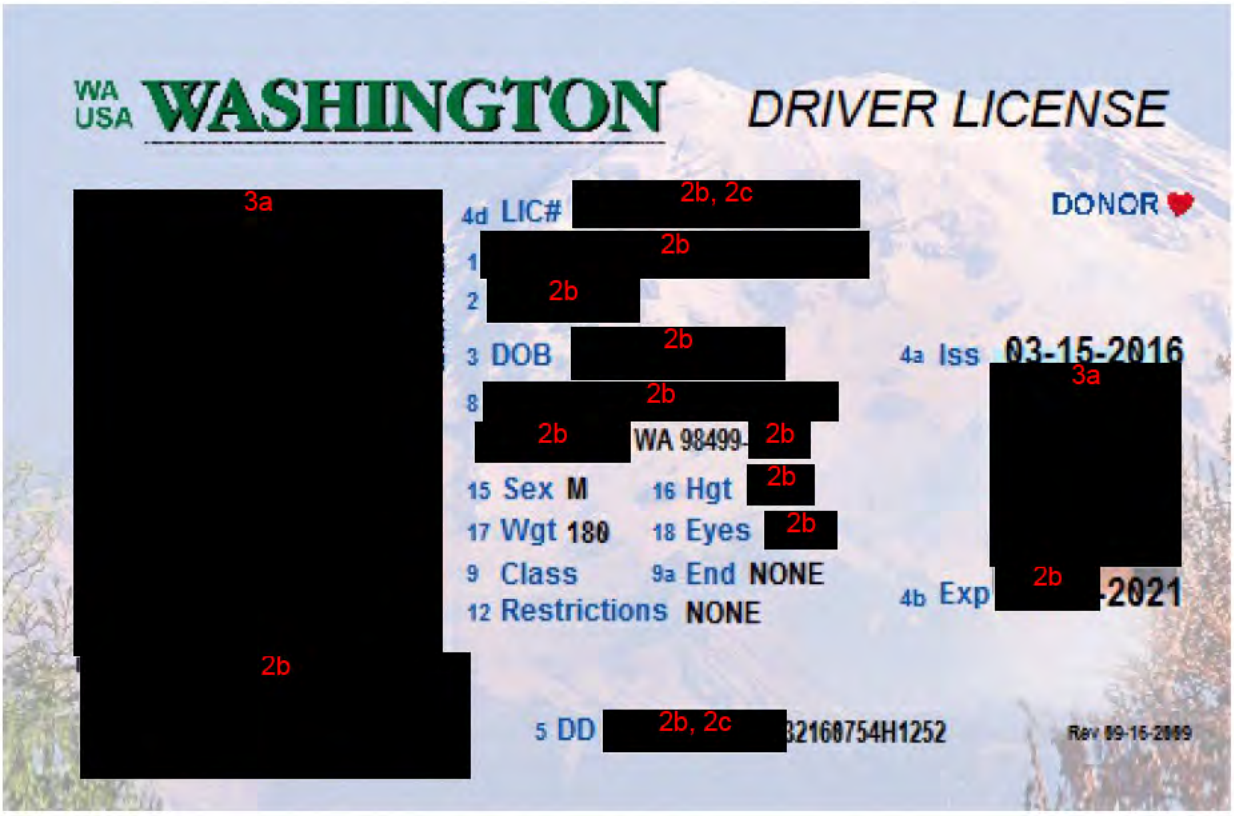
ACUITY	LEFT	BOTH	RIGHT	FUSION	FIELD	COLOR
WITHOUT CORRECTION	20/040	20/040	20/040	SAT	SAT	SAT

KNOWLEDGE: SO-075 01-29-2008 SO-091 01-30-2008
DRIVING: 088 02-06-2008
SCHEDULED DRIVE TEST: 493 02-06-2008 4F
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 Mona Griffin (390) Signature [redacted]
Date: Place of Signature: PUYALLUP

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

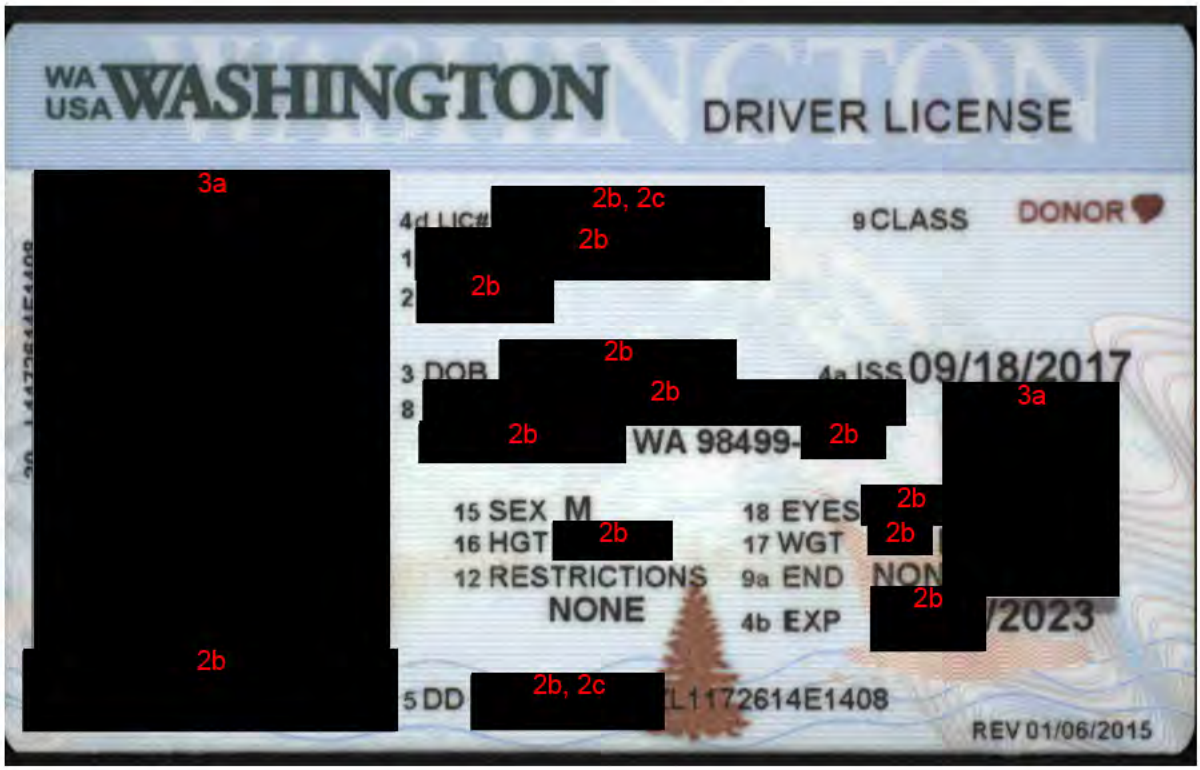
3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32160754H1252**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-15-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

License Printout (Front Only)

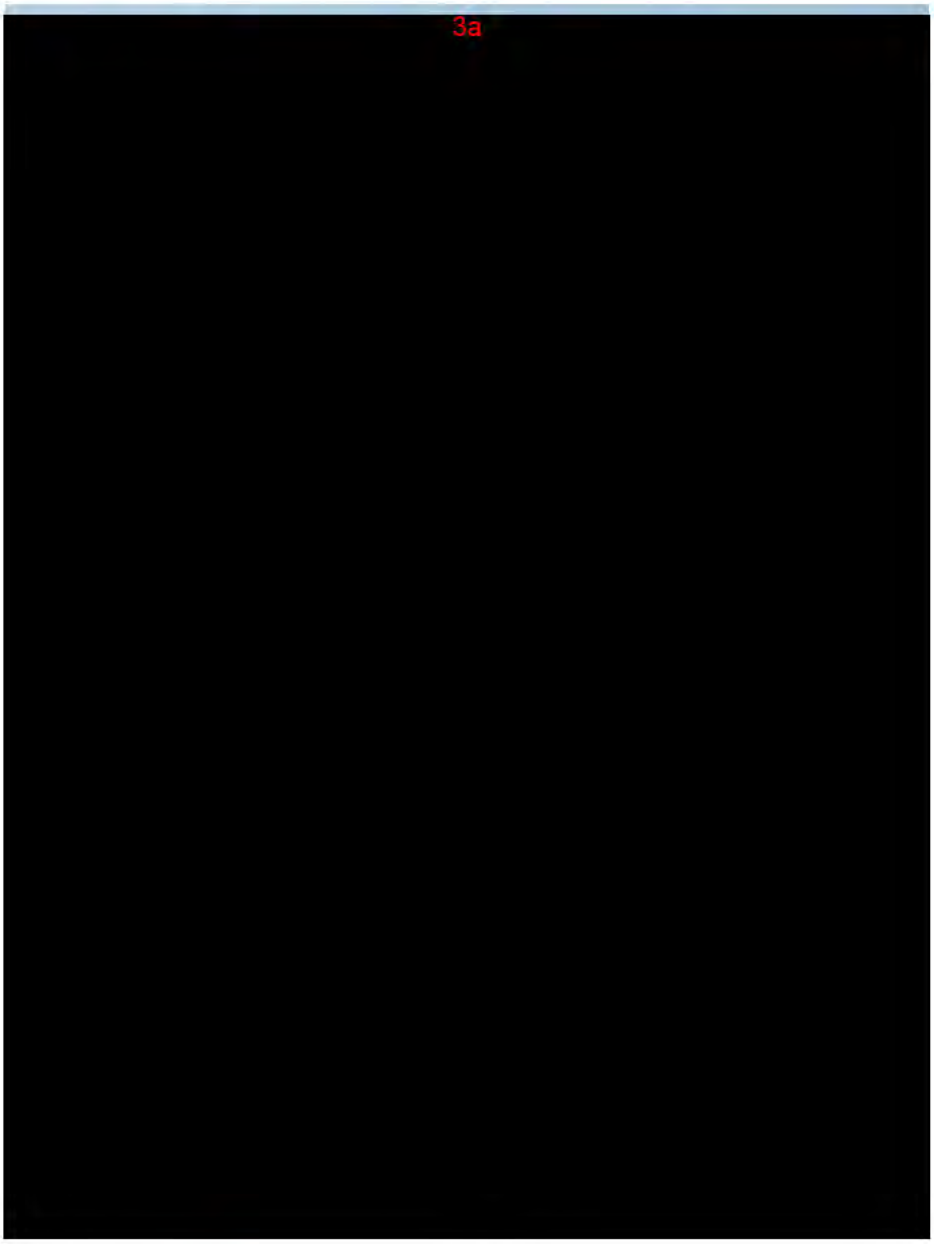
CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **L1172614E1408**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-18-2017**
MAILED DATE: **09-20-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **L1172614E1408**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **09-18-2017**
PRODUCTION STATUS: **Mailed to Customer**

From: DOL INT Fraud
To: "Winkle, Michael T"
Subject: RE: DL Info request
Date: Monday, December 11, 2017 2:15:37 PM
Attachments: Capture1.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: Winkle, Michael T [mailto:Michael.T.Winkle@ice.dhs.gov]
Sent: Monday, December 11, 2017 2:14 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: 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 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

WASHINGTON STATE DEPARTMENT OF LICENSING

ID Card Application

CTL #
Trans type I/D
Trans code 21

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: [redacted]	Driver license number 2b, 2c	Expiration date 2b 2023

Last name 2b

First name 2b

Middle name | Suffix

Residence address 2b

City	State	ZIP code	County
2b	WA	98499-2b	PIERCE

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	2b	2b	2b	2b	2b	

Place of birth – City	Place of birth – State/Province	Place of birth – Country
TACOMA	WASHINGTON	UNITED STATES

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

Answer the following

Have you had a driver license or ID card before? ..... ☐ Yes ☑ No

If yes, where? _____ Under what name? _____

Previous ID type	ID presented	Valid
		☐ Yes ☑ No

Birth certificate/INS/Passport number	Mother's maiden name
US PP# 2c, 6c	2b, 2c, 6c

Remarks 2c, 6c

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.

tjoseph 497 4H
Licensing service representative

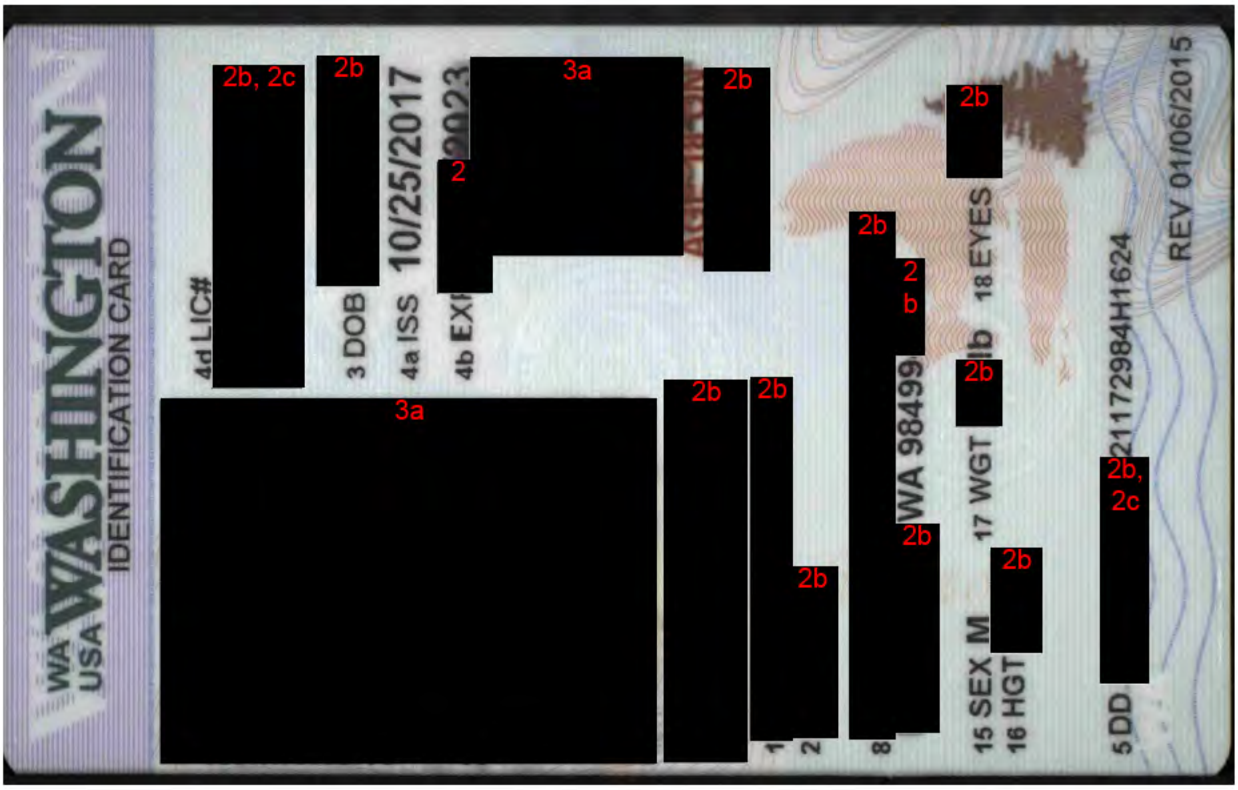
X 2b
Applicant signature

10-25-2017 SOUTH TACOMA
Date and place signed

DLE-523-002 (R/9/16)CIS

2b, 2c DCASE/D17298/DIDAP

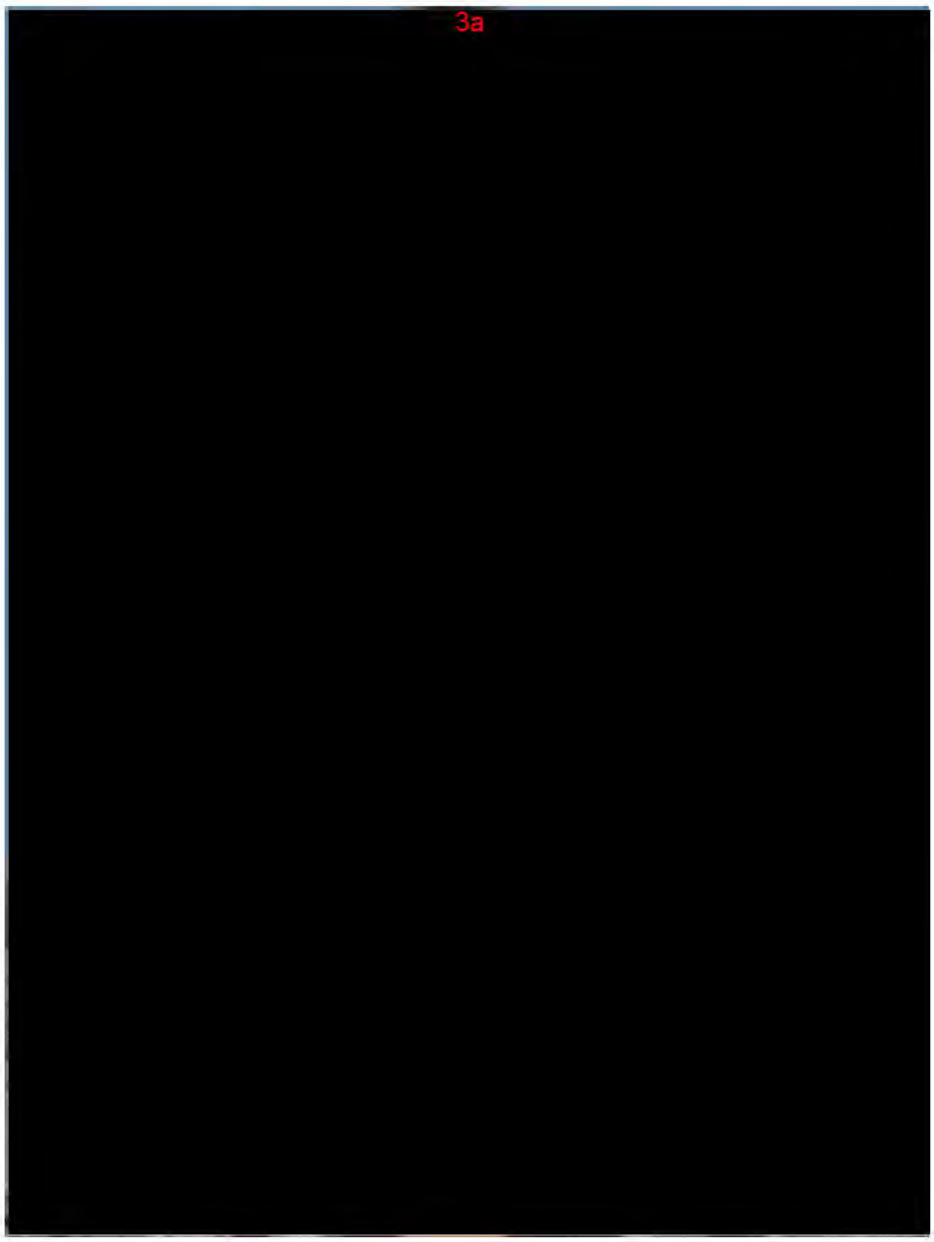
[redacted]



WA USA
WASHINGTON
IDENTIFICATION CARD
4d LIC# [redacted]
3 DOB [redacted]
4a ISS 10/25/2017
4b EXP [redacted]
[redacted]
WA 98499 [redacted]
15 SEX M
16 HGT [redacted]
17 WGT [redacted] lb
18 EYES [redacted]
5 DD 21172984H1624 [redacted]
REV 01/06/2015

WASHINGTON STATE DEPARTMENT OF LICENSING
211712211078655304
[redacted]
[redacted]
Please notify the Department of Licensing within 10 days of any change of address.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **21172984H1624**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **10-25-2017**
MAILED DATE: **10-30-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Thursday, December 07, 2017 2:06:29 PM
Attachments: Capture13.JPG
[redacted].pdf
Capture14.JPG
[redacted].pdf
[redacted].pdf

Here you go. We have a photo of [redacted] but we never issued so there is no app.

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: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Thursday, December 07, 2017 1:56 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]
PIC#:
PIC#:

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 3F T
Record of Application Application Number: 0900714513F

Appl type: 21 Date: 01-07-2009 CTL #:

Social Security #: Expiration Date:
Name: Lic #:
Res Addr: Res City:
St: WA Zip: 98056- County: KING
Mail Addr: Mail City:
St/Prov: Zip: Country: UNITED STATES
Gender: MALE Birthdate: Height: Weight: Eyes:
History: Birth City: TURICATO
Birth St/Prov: MICHOACAN Birth Country: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name:
Telephone:
Have you had a license before? NO
If YES, where? Under what name?
BirthCert/INS/Passport#: MX MATRIMONIO SEA MAR HEALTH BILL
Remarks: MX VTR MXPPT
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 identification card. 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: LAB CORP BILL
EDL: NO Enhanced Card Application Status: Portfolio Status:

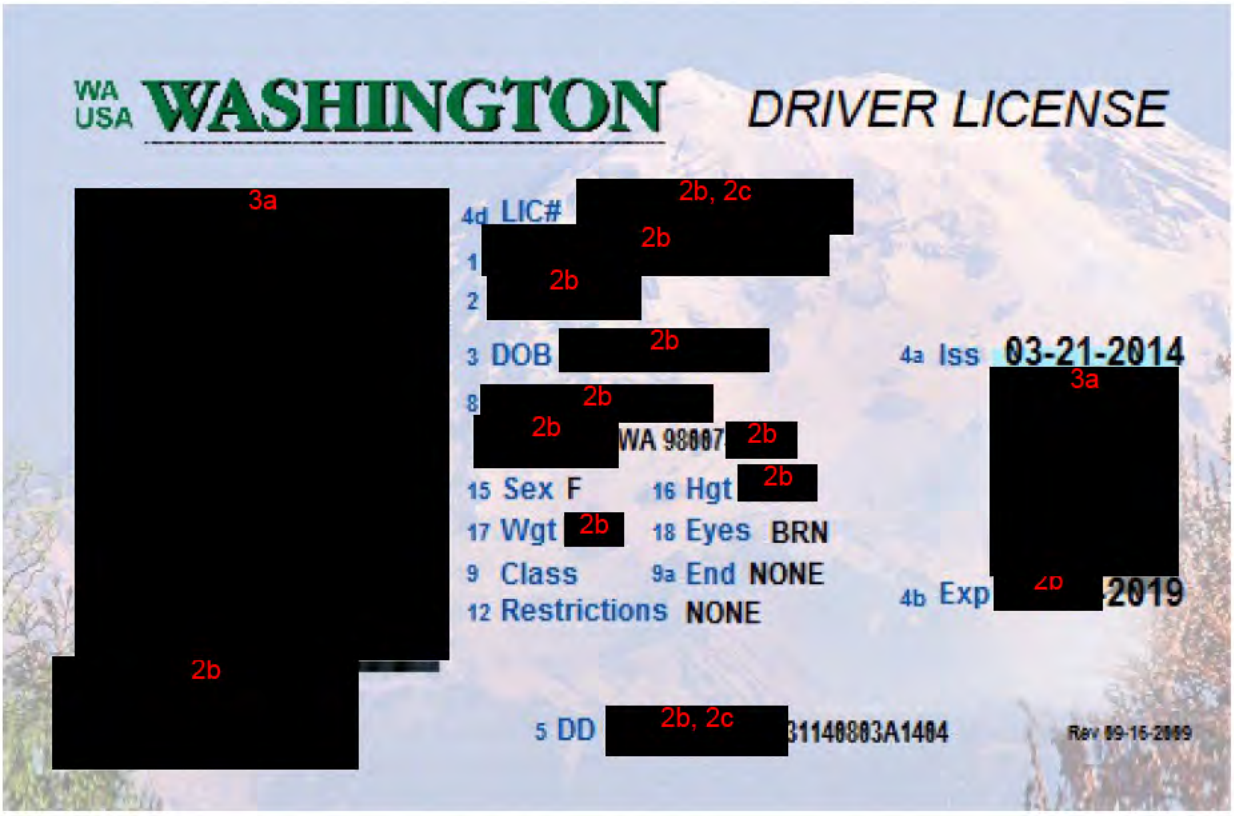
I declare under penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct, that the identifying documents presented are valid, and that I have no valid Washington driver's license or photo instruction permit in my possession.

LSR _____ (440) Signature _____

Date: 1.7.09 Place of Signature: NORTH BEND

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 156



No card back image for given document.

2b, 2c

2b

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **31140803A1404**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-21-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

3A T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1207413323A App type 31
Exam fee # J000010
Exam fee date 06-21-2014
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	98007- 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
PURUARAN	MICHOACAN	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? _____
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 060 03-21-2014	DS 076 03-21-2014	DS 072 03-21-2014	DS 096 03-21-2014
Driving test	DA 03-21-2014	082 03-21-2014		

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

R1 R2

Remarks
2c, 6c WAID 2c, 6c

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.

TPeratrovi 222
Licensing services representative

X 2b
Applicant signature

3/21/2014
Date signed

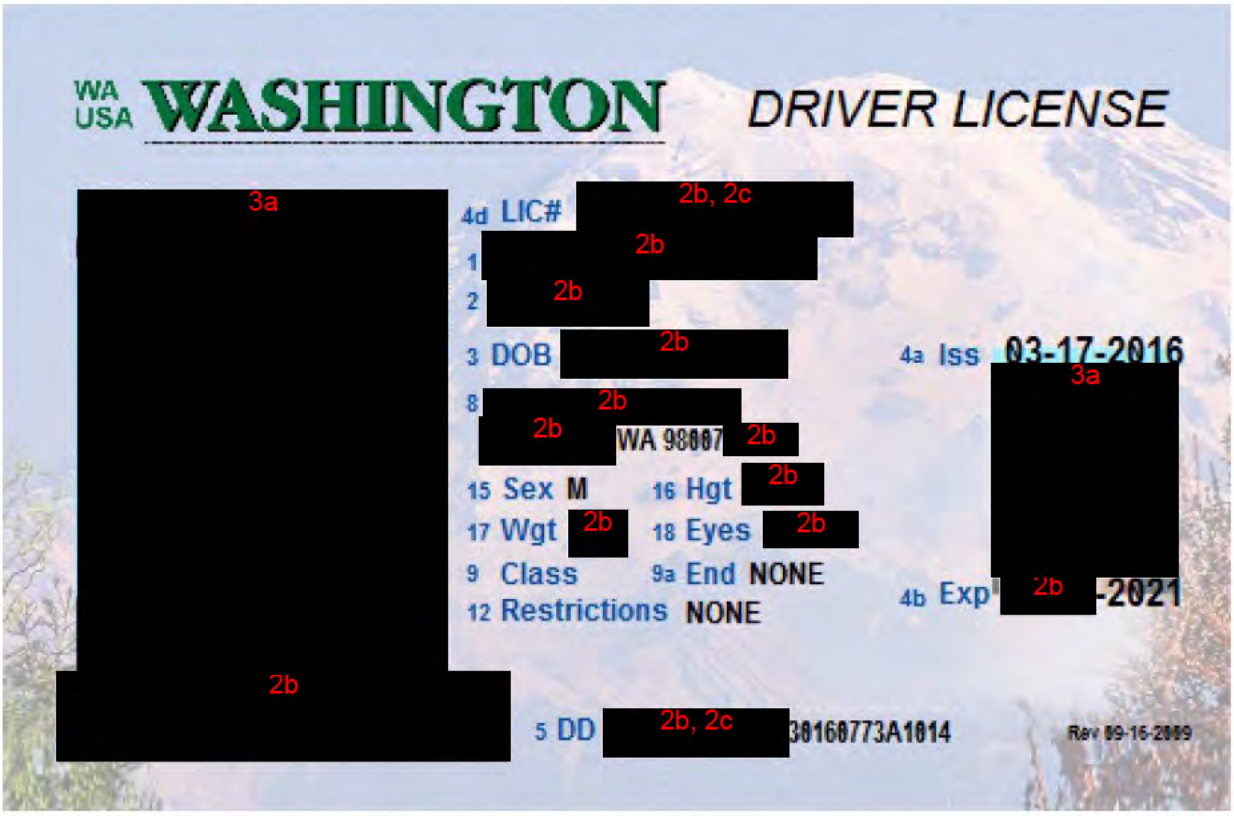
BEL-RED
Place signed

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.

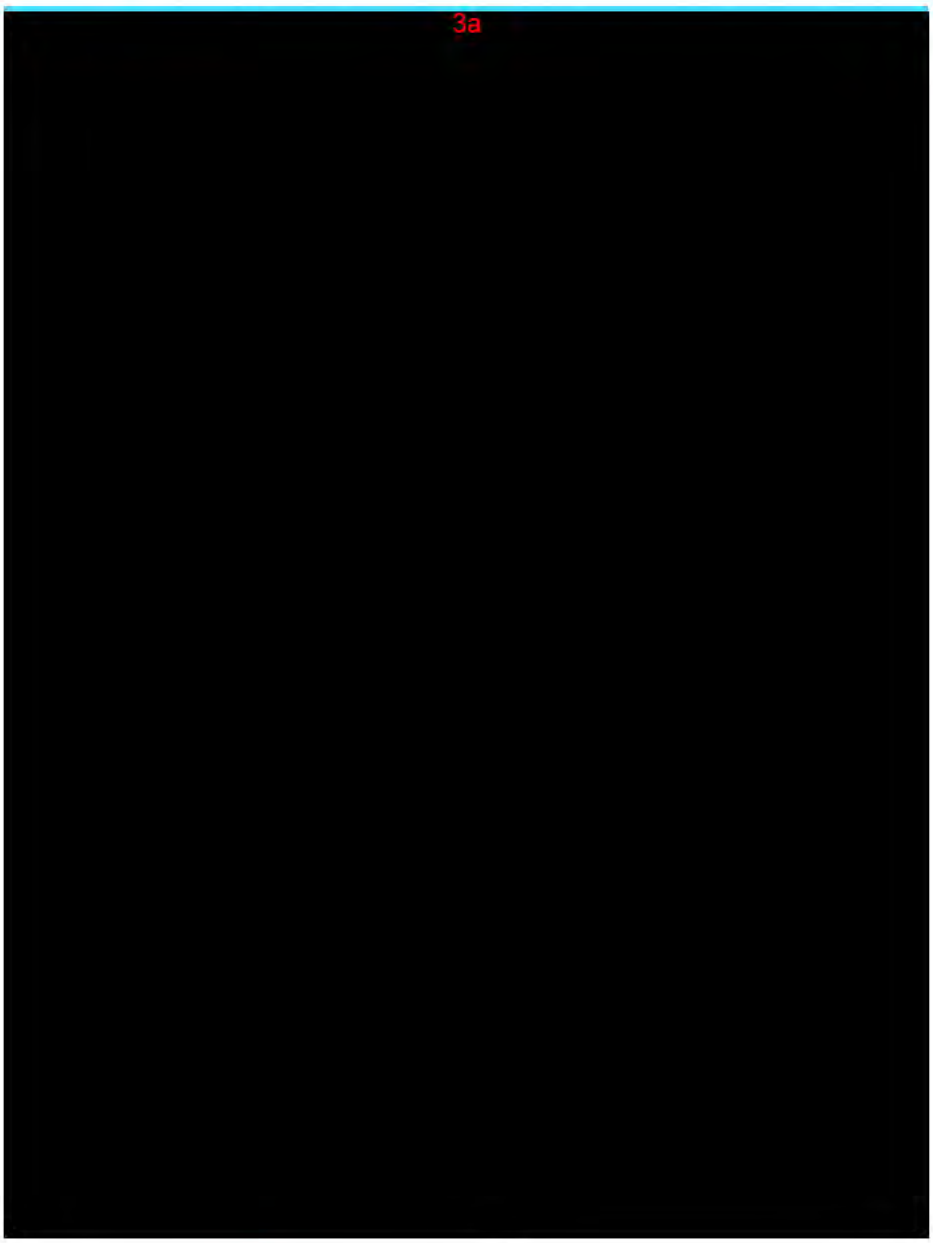
DFS 131

2b, 2c /DCASE/D14080/DDLAP



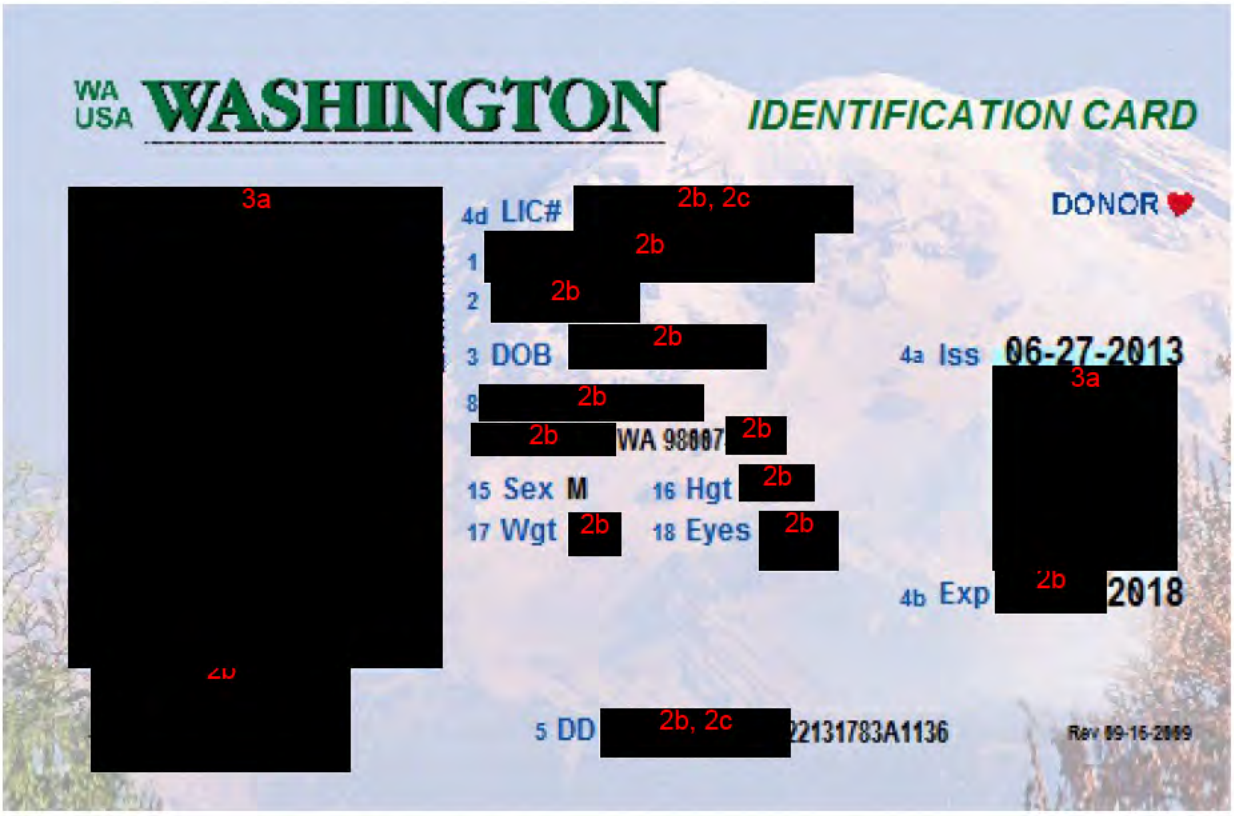
No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **30160773A1014**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **03-17-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Permanent Hold**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

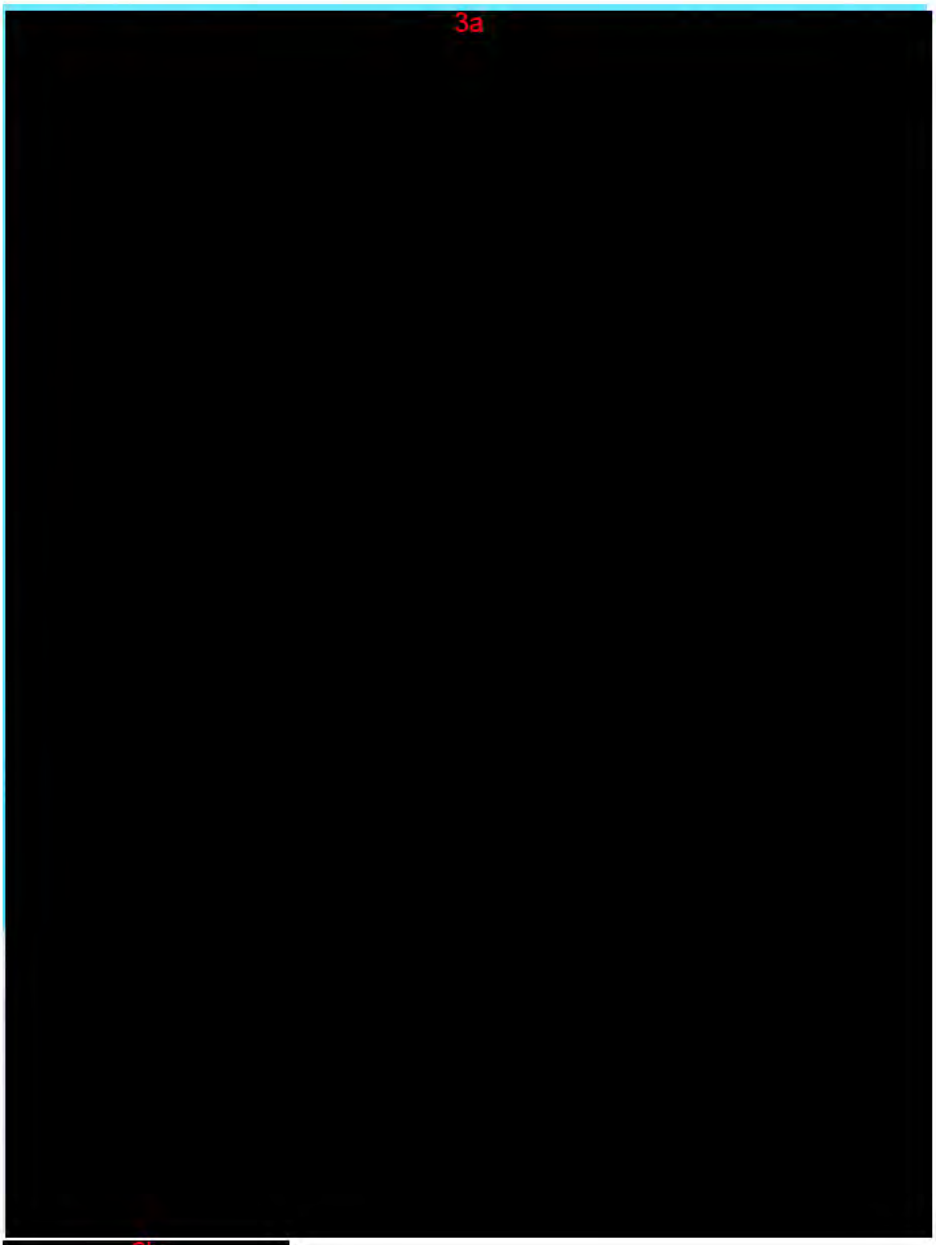


No card back image for given document.

2b, 2c

2b

3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **22131783A1136**
LAST NAME: 2b
FIRST NAME: E 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-27-2013**
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: Thursday, December 07, 2017 2:02:29 PM
Attachments: Capture11.JPG
2b, 2c .pdf
2b, 2c .pdf
Capture12.JPG
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: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Thursday, December 07, 2017 1:56 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#: 2b, 2c
PIC#: 2b, 2c

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 3A T
Record of Application Application Number: 0726508483A 3A

Appl type: 31 Exam Fee #: F000002 Exam Fee Date: 01-18-2008 CTL #: 073473A6123

Social Security #: [redacted] Expiration Date: [redacted] 12
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98059-[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: MORELIA,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] WID XP=[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-050	09-22-2007	SO-067	10-02-2007	S5-074	10-11-2007	SO-091	10-18-2007
DRIVING:	088	12-08-2007	_____	__-__-__	_____	__-__-__	_____	__-__-__
SCHEDULED DRIVE TEST:	483	12-08-2007	3A					

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 [signature] (226) Signature [redacted]

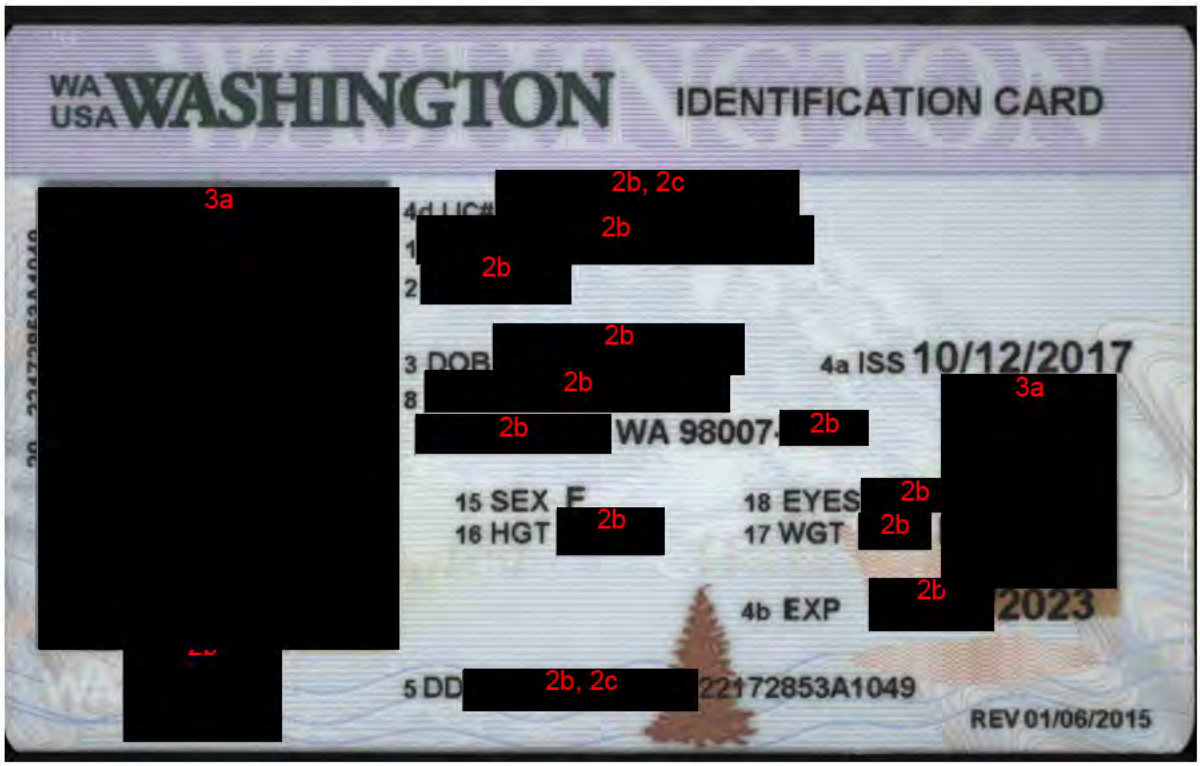
Date: 12/8/07 Place of Signature: BELLEVUE

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

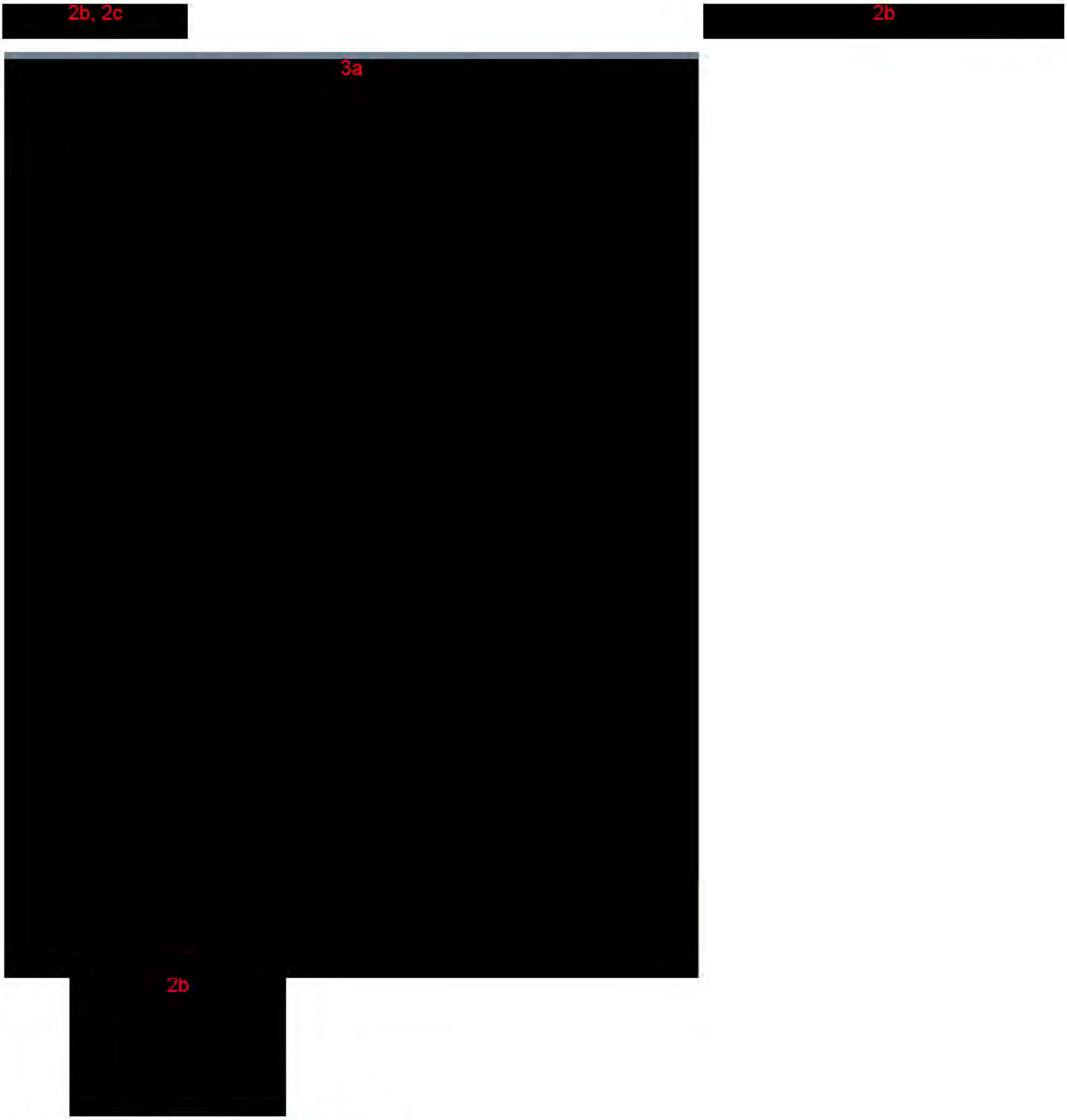
License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **22172853A1049**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **10-12-2017**
MAILED DATE: **10-17-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **22172853A1049**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **10-12-2017**
PRODUCTION STATUS: **Mailed to Customer**

State of Washington - Department of Licensing 3G T
Record of Application Application Number: 0826008383G

Appl type: 21 Date: 09-16-2008 CTL #: 08260360906

Social Security #: [redacted] Expiration Date: [redacted] -2012
Name: [redacted] Lic #: [redacted]
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98059-[redacted] County: KING
Mail Addr: Mail City:
St/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: FEMALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birth City: TACAMBARO
Birth St/Prov: MICHOACAN 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?
BirthCert/INS/Passport#: MXPP [redacted] ISSUE SAME AS CONS ID [redacted] /SEP [redacted]
Remarks: [redacted] /MXBC [redacted] /QWEST BILL W/CO CUSTMER TWO NME & ADD
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 identification card. 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: PSE BILL W/CO CUSTMER W/2 NME
EDL: NO Enhanced Card Application Status: Portfolio Status:

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 valid Washington driver's license or photo instruction permit in my possession.

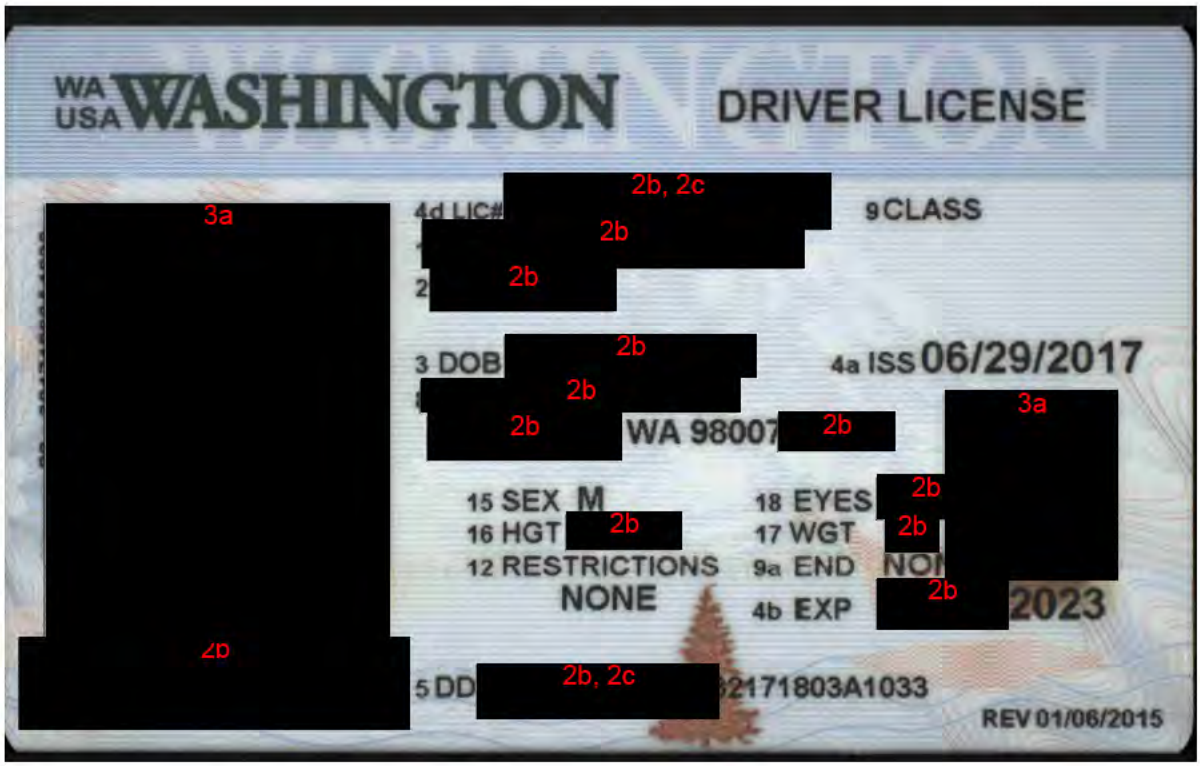
LSR _____ (116) Signature [redacted]
Date: 09-16-08 Place of Signature: RENTON

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 157

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **321718O3A1033**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-29-2017**
MAILED DATE: **07-03-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

2b, 2c

2b

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32171803A1033**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-29-2017**
PRODUCTION STATUS: **Mailed to Customer**

From: DOL INT Fraud
To: "Peter, Taula"
Subject: RE: DL Info request
Date: Wednesday, December 06, 2017 1:49:42 PM
Attachments: [redacted].pdf
Capture13.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: Peter, Taula [mailto:Taula.Peter@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 1:48 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.

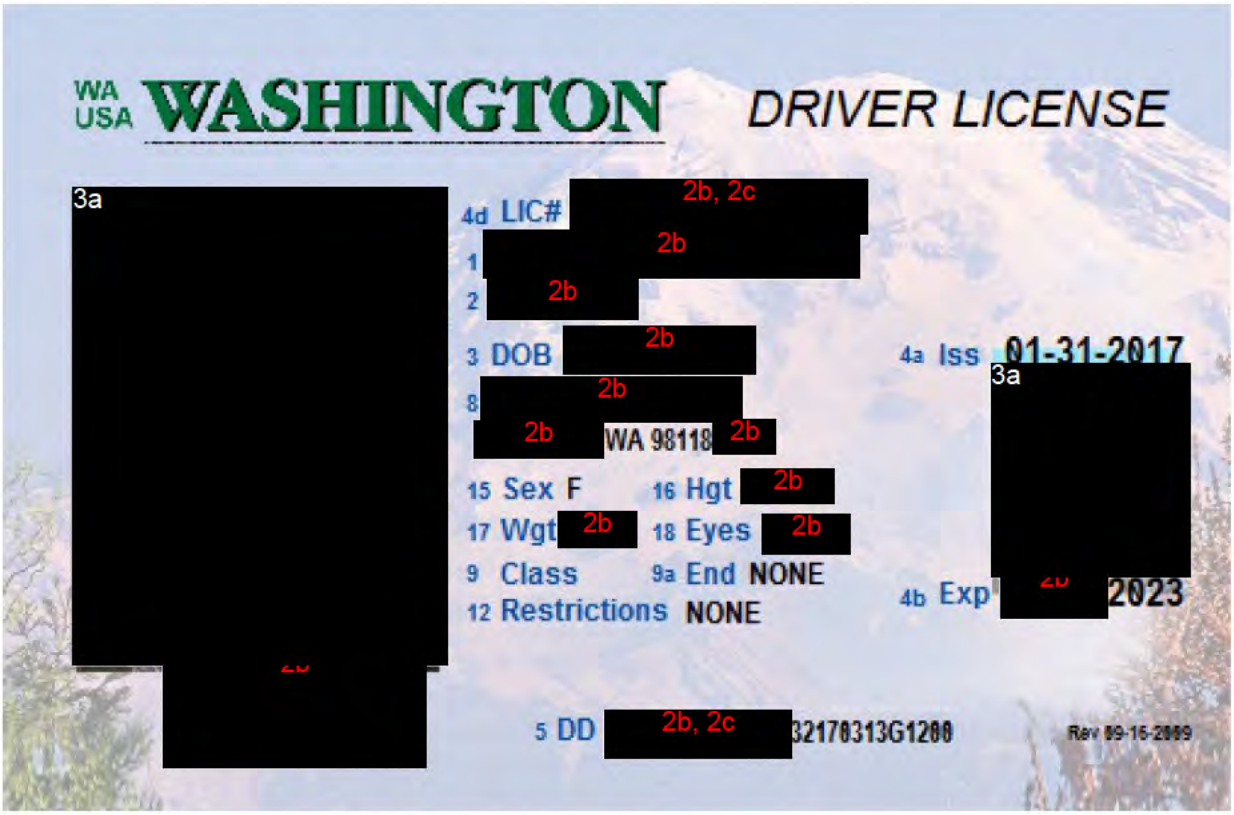
Have a great day!!!

Thank you,

Taula Peter

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

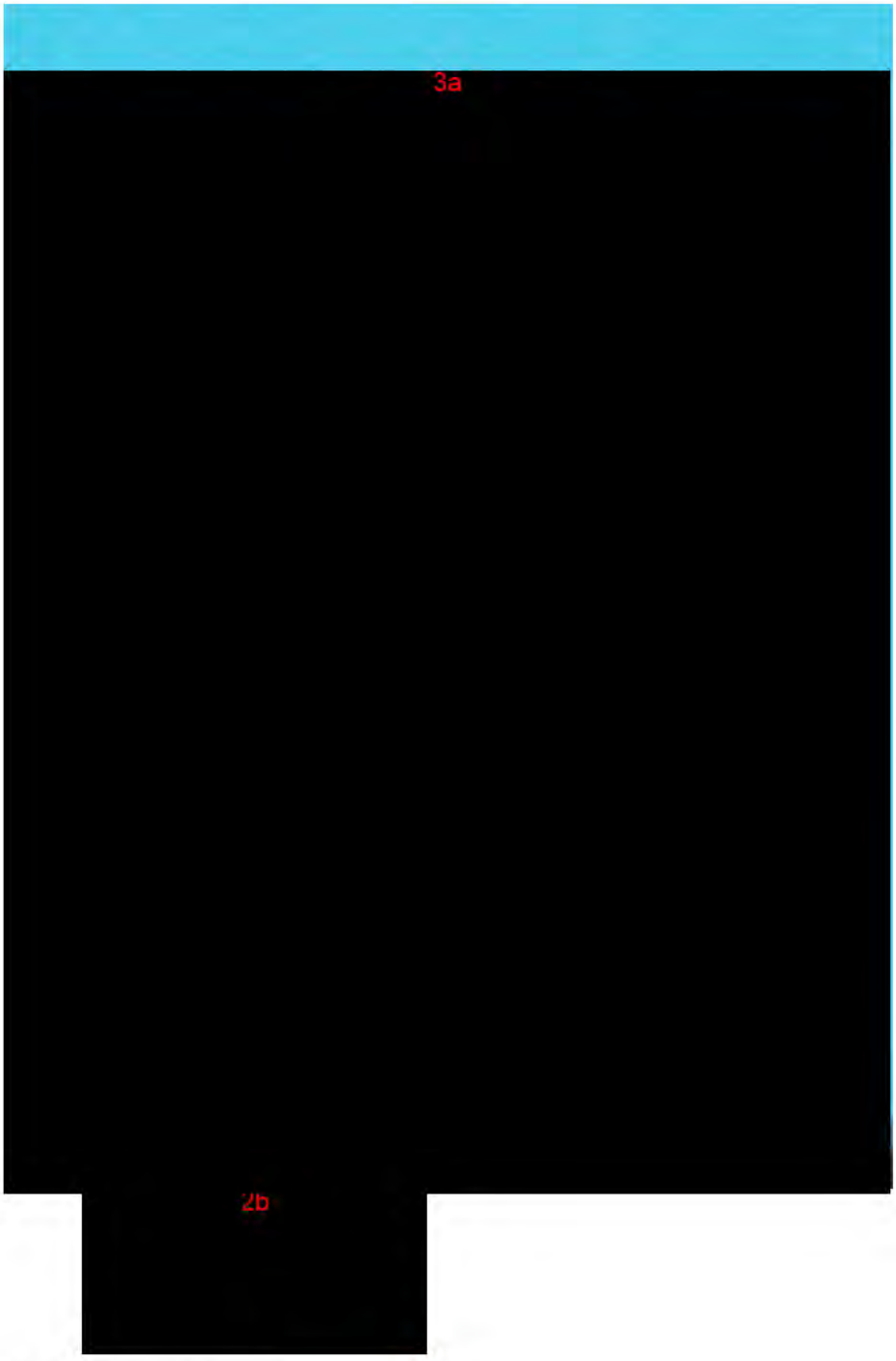
Cell: 206-280-1870



No card back image for given document.

2b, 2c

2b



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32170313G1200**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **01-31-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

State of Washington - Department of Licensing 4B T
Record of Application Application Number: 0720212194B 4B

Appl type: 31 Exam Fee #: B000008 Exam Fee Date: 11-01-2007 CTL #: 07504B1455

Social Security #: [redacted] Expiration Date: [redacted]
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98118-0000 County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 Country: UNITED STATES
Gender: FEMALE Birthdate: [redacted] Height: [redacted] Weight: [redacted] Eyes: [redacted]
History: Birthplace: MEXICO
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: 206 725 7845
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 ST 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.

SIGNED _____ ADDRESS IF DIFFERENT _____

IDENTIFICATION: _____

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

KNOWLEDGE: S1-075 07-21-2007 S1-083 07-24-2007 __-___ __-__-__ __-___ __-__-__
DRIVING: 082 09-07-2007 _____ __-__-__ _____ __-__-__ _____ __-__-__
SCHEDULED DRIVE TEST: 317 09-07-2007 4B
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 [redacted] (167) Signature [redacted]

Date: 9-7-07 Place of Signature: FEDERAL WAY

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: "Lopez Jr, Ramon"
Subject: RE: DL Info request
Date: Wednesday, December 06, 2017 1:46:12 PM
Attachments: Capture11.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: Lopez Jr, Ramon [mailto:Ramon.LopezJr@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 11:34 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Info request

Good afternoon,

I would like to request a copy of the individual's application and driver's license. Please and thank you.

PIC	Name/Street	Sex	SSN	Birth date	Height	Weight	City	CDL	Lic	Expires
2b, 2c	2b	M		2b		2b			22	2b /2022

PIC	Name/Street	Sex	SSN	Birth date	Height	Weight	City	CDL	Lic	Expires
2b, 2c	2b			2b			2b		32	2b 2023

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 U.S.C. 1325 -- Unlawful Entry by the aforementioned individual.

Ramon Lopez Jr.

Immigration and Customs Enforcement
Seattle Field Office
12500 Tukwila International Blvd. Seattle, WA 98168
Cell: (206) 786-9794 Desk: (206) 248-4871

State of Washington - Department of Licensing 3D T
Record of Application Case Number: 902291327 3D

Appl type: 31 Exam Fee #: A000327 Exam Fee Date: 11-17-90 CTL #: 21 30100 5

Social Security #: [redacted]
Name: [redacted] 2b
Address: [redacted] 2b
City: [redacted] 2b ST: WA
History:
Birthplace: PERU
Are you a twin or triplet? NO Mothers Maiden Name: [redacted] 2b, 2c, 6c
Telephone: [redacted] 2b
Have you had a license before? YES
If YES, where? PE2 Under what name?
Has your driver license or driving privilege ever been suspended, revoked, cancelled, or denied? NO If YES, where: When?
Why?
Do you take medication for or are you under the care of a physician for any medical condition(s)? NO
If YES, describe:
Do you have, or have you had, any physical or mental disabilities? NO
If YES, describe:

Expiration Date: [redacted] 2b .94
Sex: MALE Birthdate: [redacted] 2b
Height: [redacted] 2b Weight: [redacted] 2b Eyes: [redacted] 2b
Zip: 98034-0000 County code: 17
License #: [redacted] 2b, 2c Military: NO

ID presented:
Remarks: PE2 BC # [redacted] 2c, 6c ,MIL.ID W/PHOTO & SIG,PE2 ID [redacted] 2c, 6c PHOTOSIG

I certify that the information I have provided on this application is true and correct.
FULL NAME SIGNATURE [redacted] 2b

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 _____

Signature(s) witnessed by:

EXAMINER K IDENTIFICATION:

SCREENING TESTS

ACUITY	BOTH	RIGHT	LEFT	FUSION	FIELD	COLOR	HEARING
WITHOUT CORRECTION	20/30	20/30	20/30	SATIS or			
WITH CORRECTION	20/	20/	20/	UNSATIS	S	S	S

EXAMINATIONS

SIGNS:			
KNOWLEDGE:	SB 022 0817-90	SA-088 11-29-90	SC-080 D 2790
DRIVING:	082 11-07-90		

RESTRICTIONS: 000000
ENDORSEMENTS: 0000 CDL CLASS:

I certify 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 alcoholic content as prescribed by Washington Law RCW 46.20.308 and RCW 46.61.506.

EXAM. BADGE # 339 SIGNATURE X [redacted] 2b

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] 2b
St: WA Zip: 98108-[redacted] 2b County: KING
Mail Addr: Mail City:
ST/Prov: Zip: 0- 0 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] 2c, 6c
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:

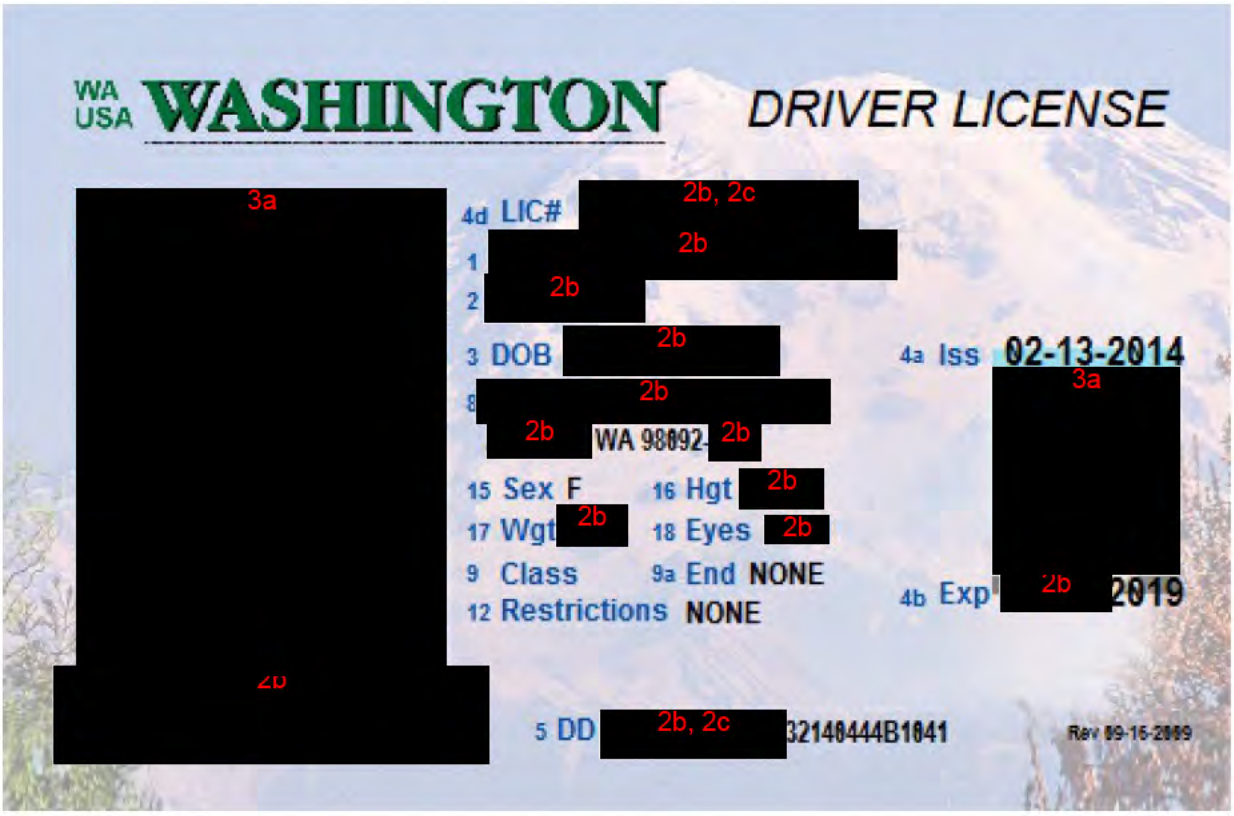
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State 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) Signature [redacted] 2b

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

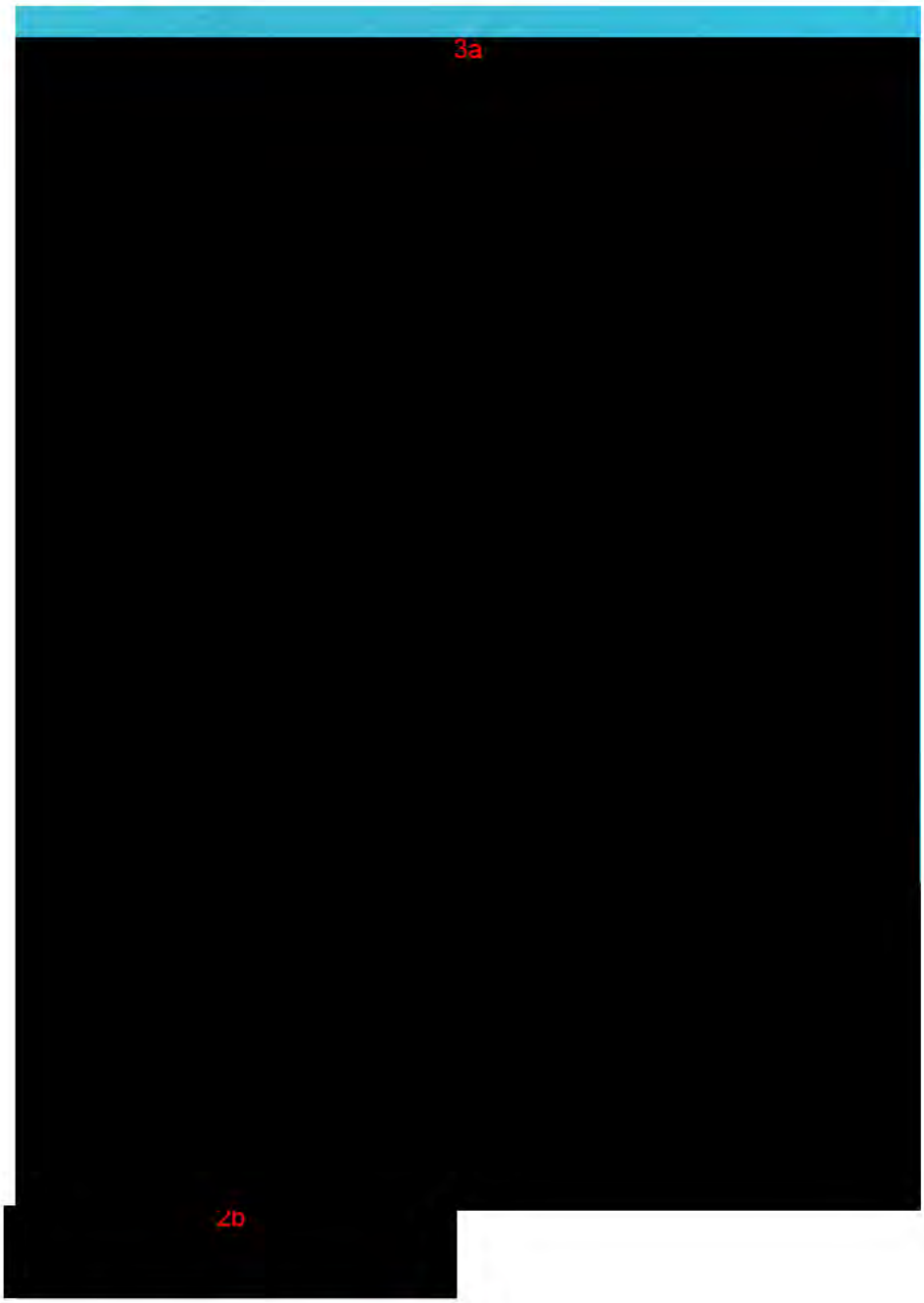
Disclosure of your Social Security number (SSN) is mandatory for all license applications to help enforce child support laws. Your SSN may be used for identification purposes and is kept on file at DOL (42 USC 405 and 666(a), RCW 26.23.150). Disclosure of your SSN for instruction permit and identification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

DFS 131 [redacted] 2b, 2c D10009/DDLAP



No card back image for given document.

[redacted] [redacted]



LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32140444B1041**
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: "Shafer, Brandon"
Subject: RE: DL Photo Request
Date: Friday, December 08, 2017 3:20:12 PM
Attachments: [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: Shafer, Brandon [mailto:Brandon.Shafer@ice.dhs.gov]
Sent: Friday, December 08, 2017 3:18 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Photo Request

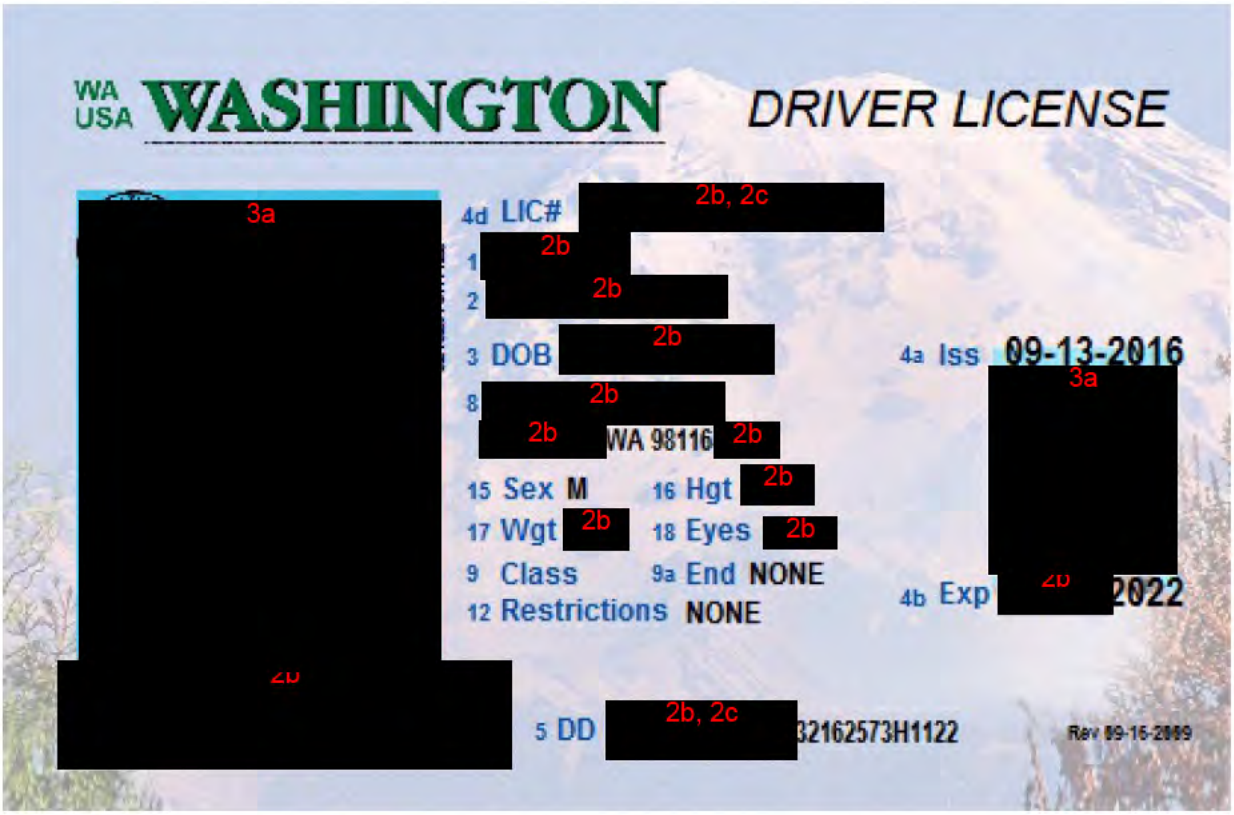
Pursuant to a narcotics investigation being conducted by the Department of Homeland Security, please provide a copy of the driver's license and/or ID and the extracted photos for the following individual(s):

PIC: [redacted]
Last: [redacted] First: [redacted]

Thanks,
Brandon

Brandon Shafer
Intelligence Research Specialist
Department of Homeland Security
Homeland Security Investigations
Narcotics & Bulk Cash Smuggling Group
1000 Second Avenue, 31st Floor
Seattle, Washington 98104
(206) 442-1631 - Office
(206) 442-2203 - Fax

The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.
--Martin Luther King, Jr.



No card back image for given document.

2b, 2c

2b

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32162573H1122**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-13-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


HOMELAND SECURITY
INVESTIGATIONS
U
S
INTELLIGENCE

From: DOL INT Fraud
To: "Shafer, Brandon"
Subject: RE: DL Photo Request
Date: Friday, December 08, 2017 3:17:08 PM
Attachments: [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: Shafer, Brandon [mailto:Brandon.Shafer@ice.dhs.gov]
Sent: Friday, December 08, 2017 3:15 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Photo Request

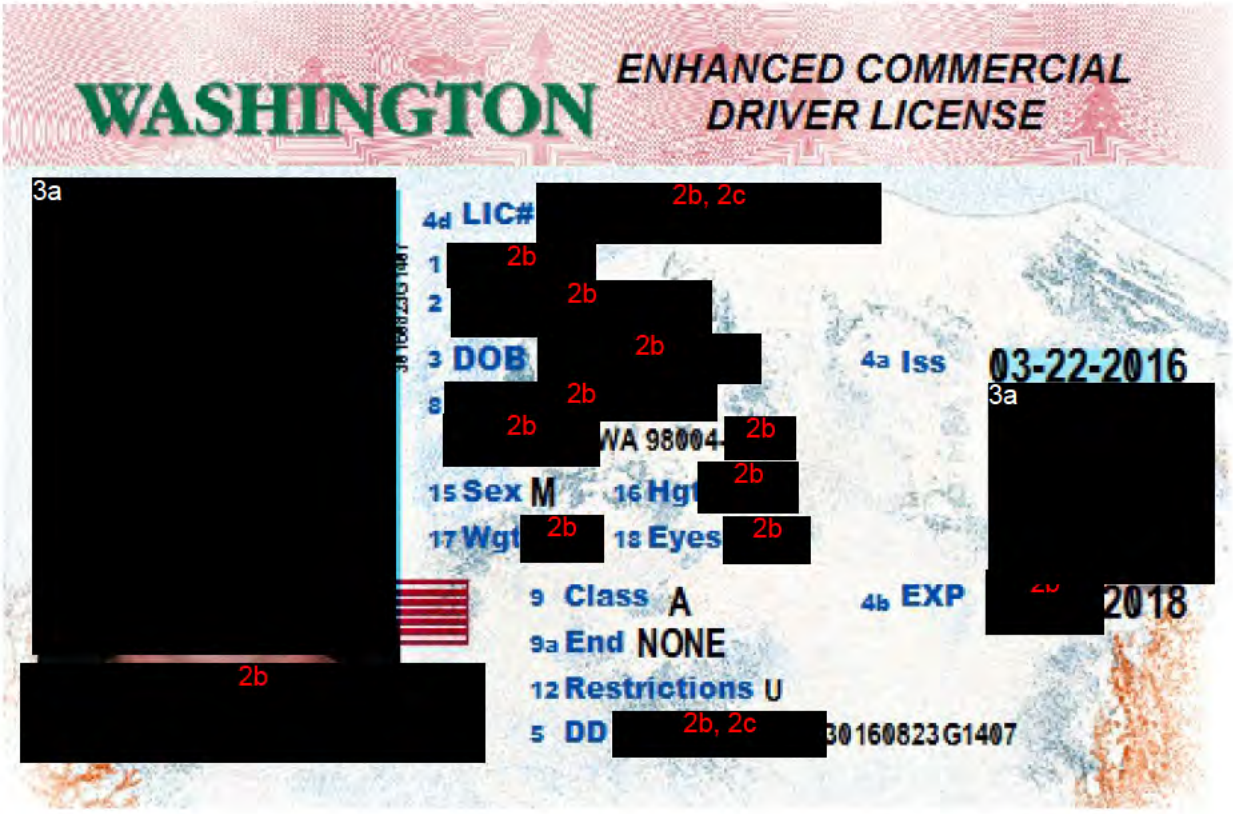
Pursuant to a narcotics investigation being conducted by the Department of Homeland Security, please provide a copy of the driver's license and/or ID and the extracted photos for the following individual(s):

PIC: [redacted]
Last: [redacted] First: [redacted]

Thanks,
Brandon

Brandon Shafer
Intelligence Research Specialist
Department of Homeland Security
Homeland Security Investigations
Narcotics & Bulk Cash Smuggling Group
1000 Second Avenue, 31st Floor
Seattle, Washington 98104
(206) 442-1631 - Office
(206) 442-2203 - Fax

The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.
--Martin Luther King, Jr.

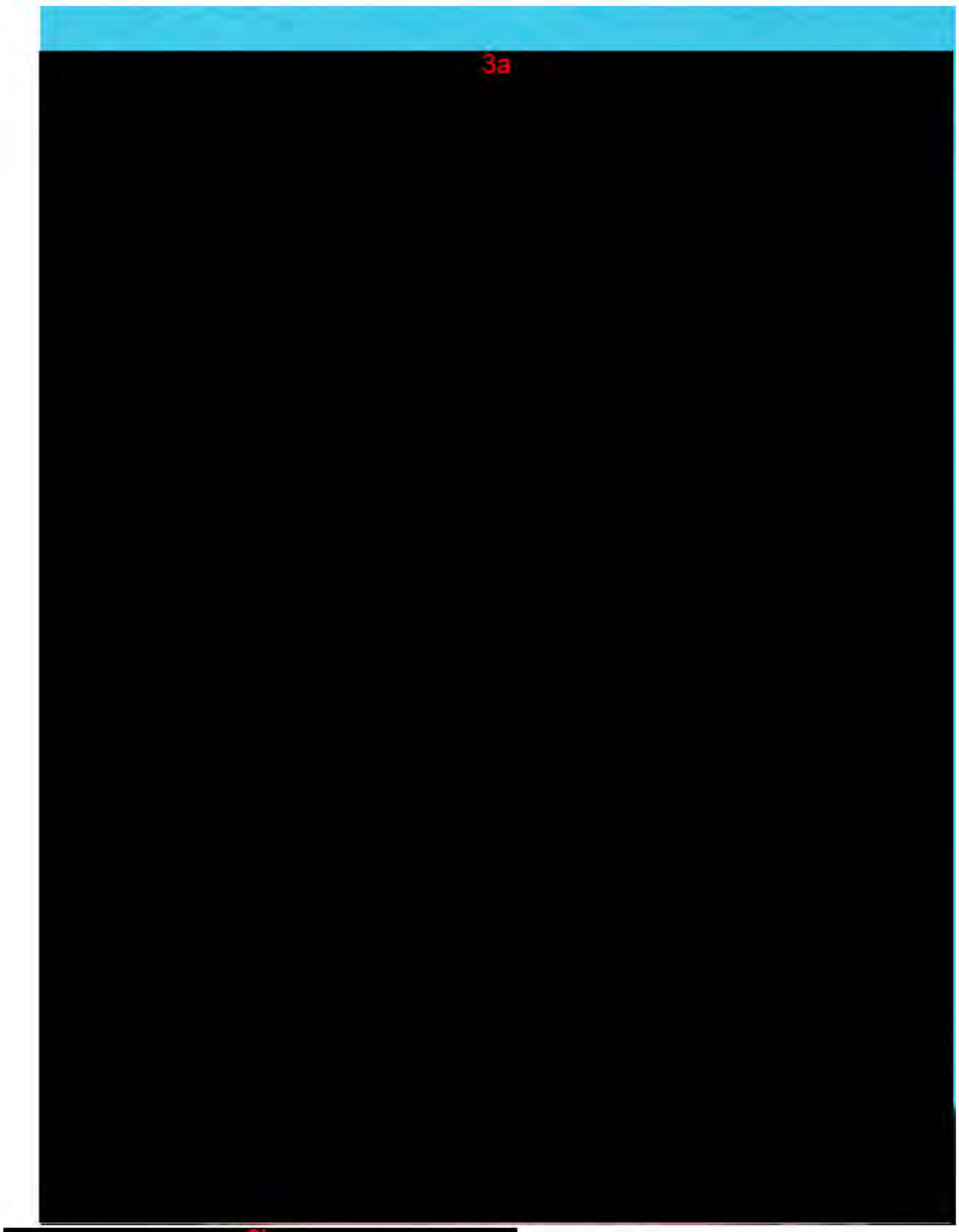


No card back image for given document.

2b, 2c

2b

3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **30160823G1407**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **03-22-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **U**


HOMELAND SECURITY
INVESTIGATIONS
U
S
INTELLIGENCE

From: DOL INT Fraud
To: "Shafer, Brandon"
Subject: RE: DL Photo Request
Date: Friday, December 08, 2017 3:16:37 PM
Attachments: [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: Shafer, Brandon [mailto:Brandon.Shafer@ice.dhs.gov]
Sent: Friday, December 08, 2017 3:15 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Photo Request

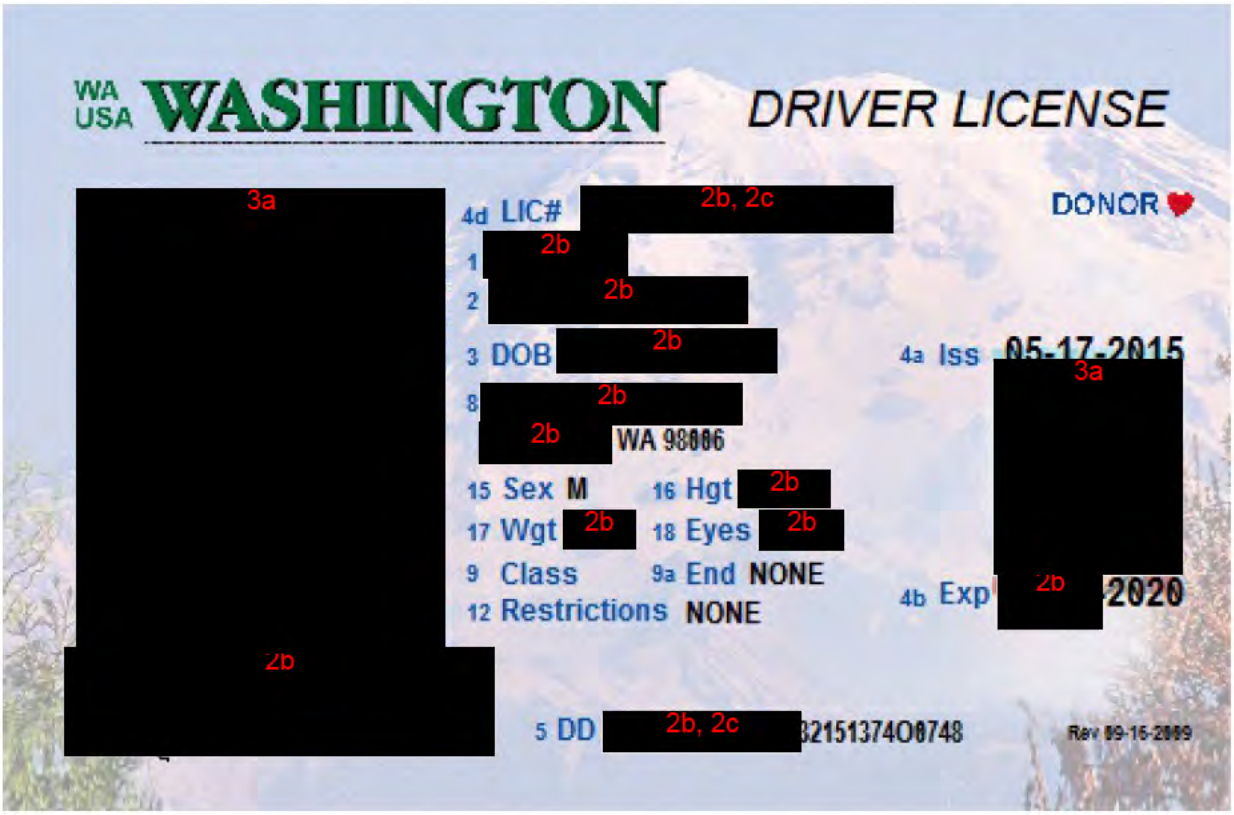
Pursuant to a narcotics investigation being conducted by the Department of Homeland Security, please provide a copy of the driver's license and/or ID and the extracted photos for the following individual(s):

PIC: [redacted]
Last: [redacted] First: [redacted]

Thanks,
Brandon

Brandon Shafer
Intelligence Research Specialist
Department of Homeland Security
Homeland Security Investigations
Narcotics & Bulk Cash Smuggling Group
1000 Second Avenue, 31st Floor
Seattle, Washington 98104
(206) 442-1631 - Office
(206) 442-2203 - Fax

The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.
--Martin Luther King, Jr.

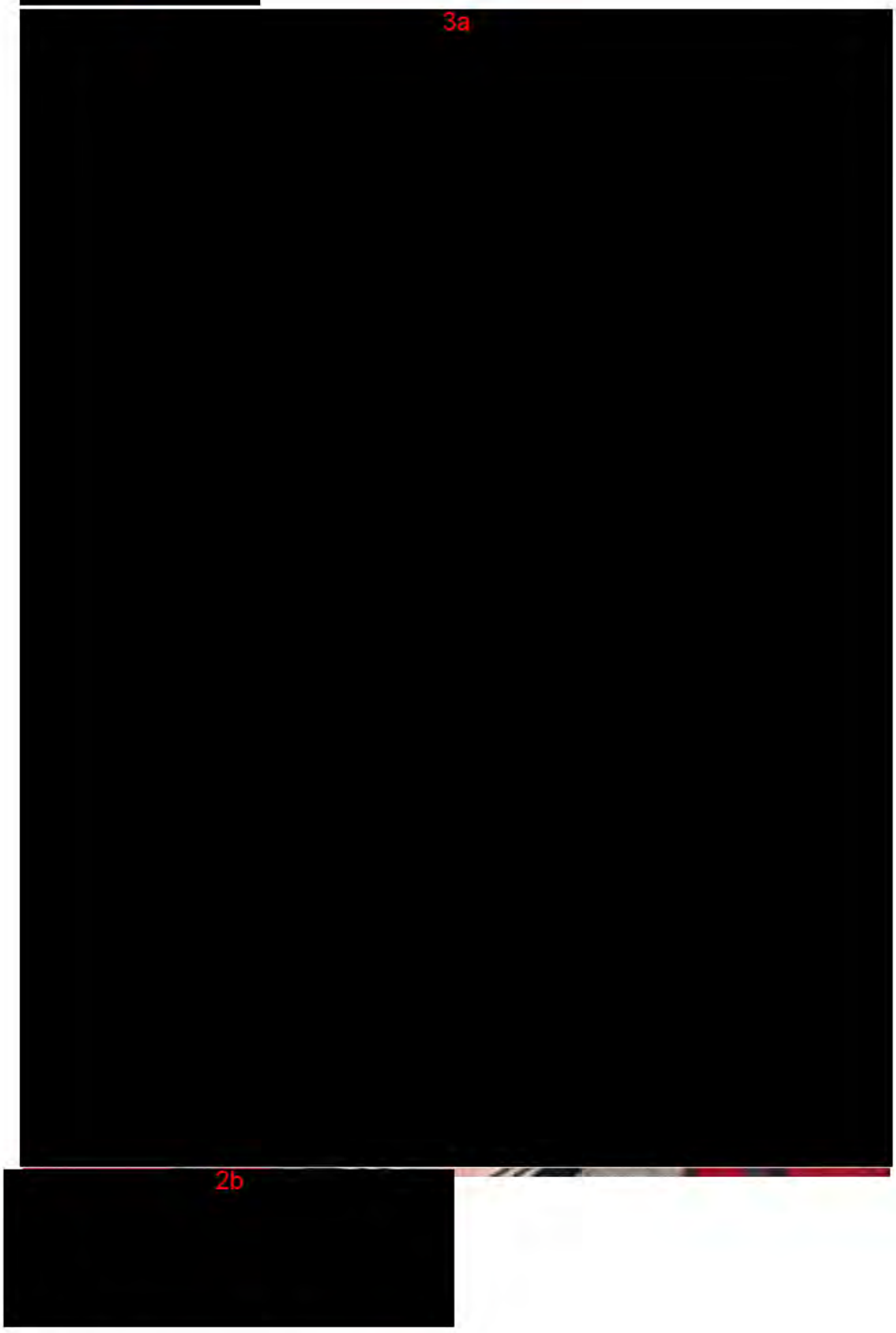


No card back image for given document.

2b, 2c

2b

3a



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **3215137400748**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **05-17-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


HOMELAND SECURITY
INVESTIGATIONS
U
S
INTELLIGENCE

From: DOL INT Fraud
To: "Shafer, Brandon"
Subject: RE: DL Photo Request
Date: Friday, December 08, 2017 3:16:01 PM
Attachments: [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: Shafer, Brandon [mailto:Brandon.Shafer@ice.dhs.gov]
Sent: Friday, December 08, 2017 3:14 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: RE: DL Photo Request

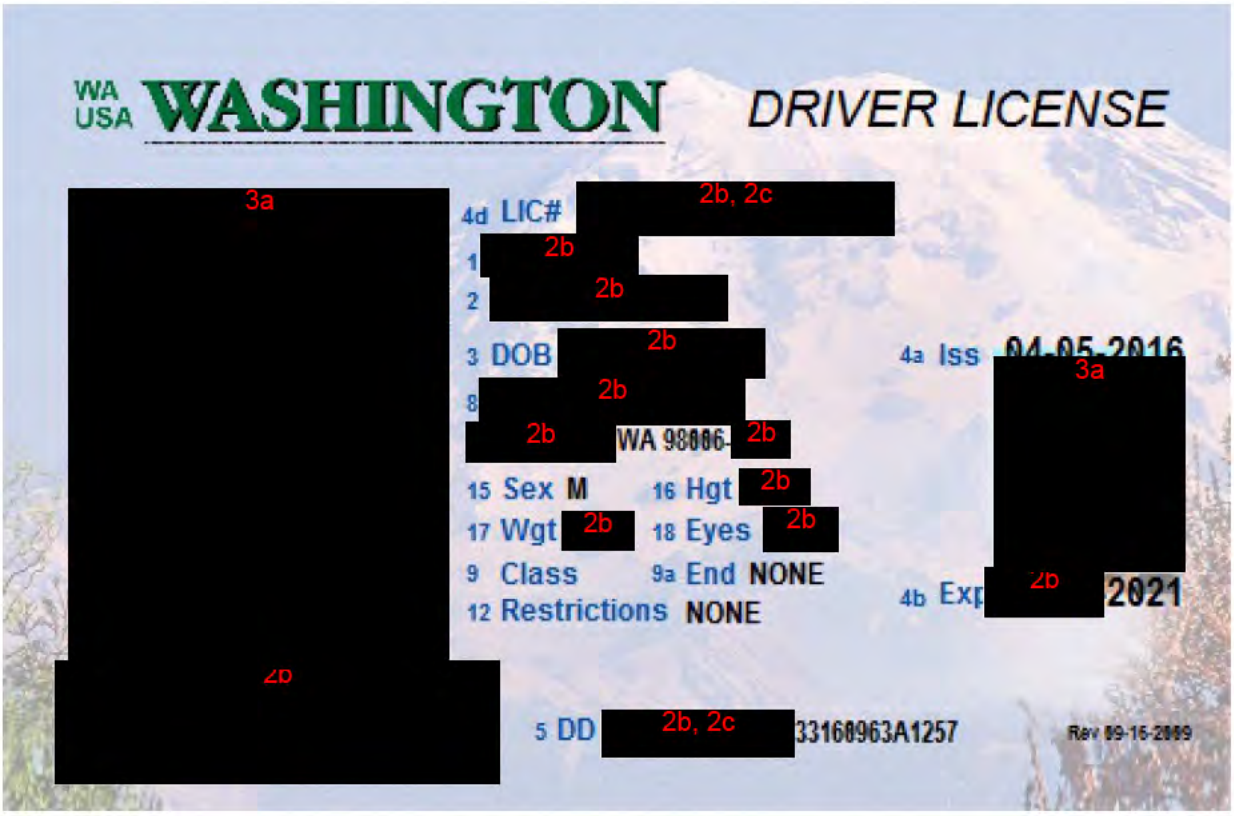
Pursuant to a narcotics investigation being conducted by the Department of Homeland Security, please provide a copy of the driver's license and/or ID and the extracted photos for the following individual(s):

PIC: [redacted]
Last: [redacted] First: [redacted]

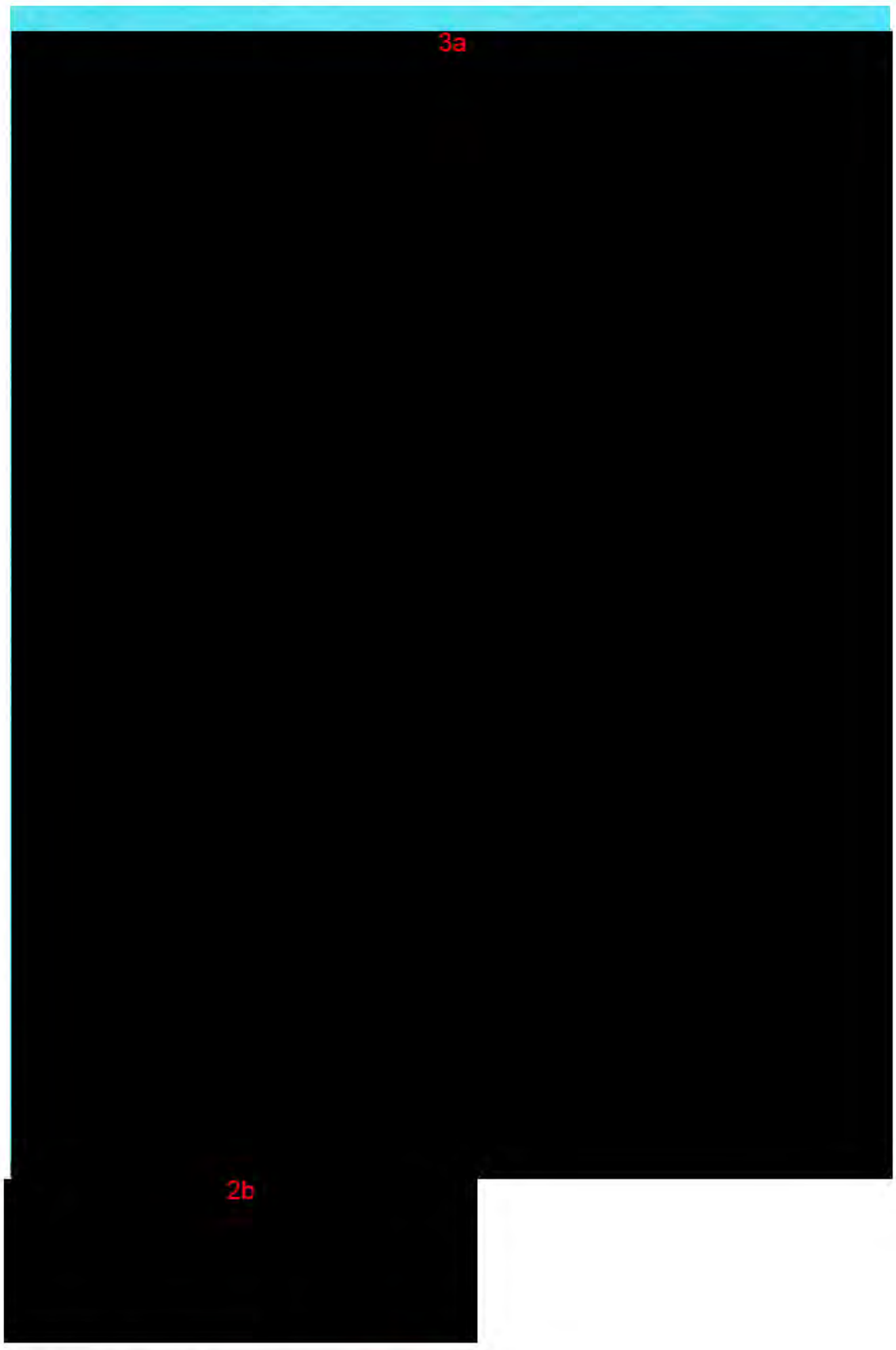
Thanks,
Brandon

Brandon Shafer
Intelligence Research Specialist
Department of Homeland Security
Homeland Security Investigations
Narcotics & Bulk Cash Smuggling Group
1000 Second Avenue, 31st Floor
Seattle, Washington 98104
(206) 442-1631 - Office
(206) 442-2203 - Fax

The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.
--Martin Luther King, Jr.



No card back image for given document.



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33160963A1257**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **04-05-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


HOMELAND SECURITY
INVESTIGATIONS
U
S
INTELLIGENCE

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

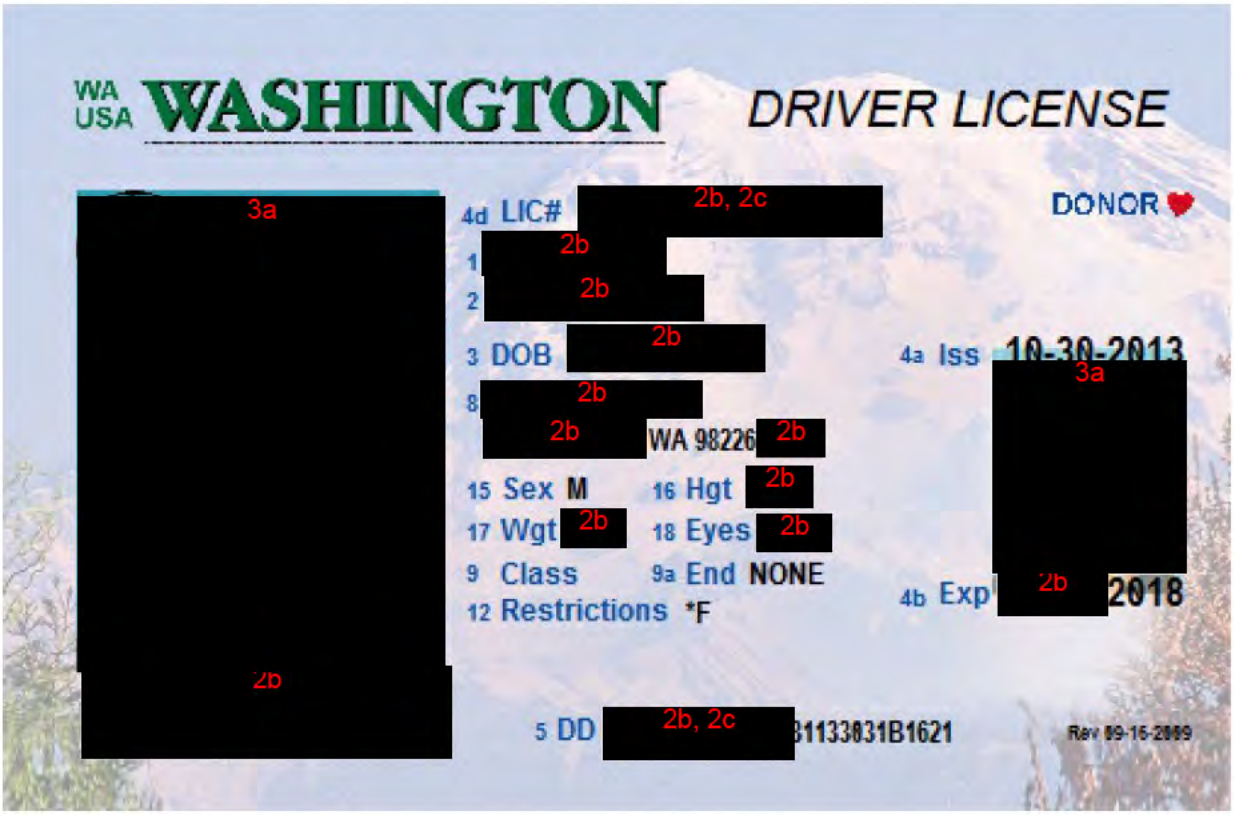
From: Gillie, Thomas P [mailto:Thomas.P.Gillie@ice.dhs.gov]
Sent: Tuesday, December 12, 2017 10:19 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Photo Request

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]

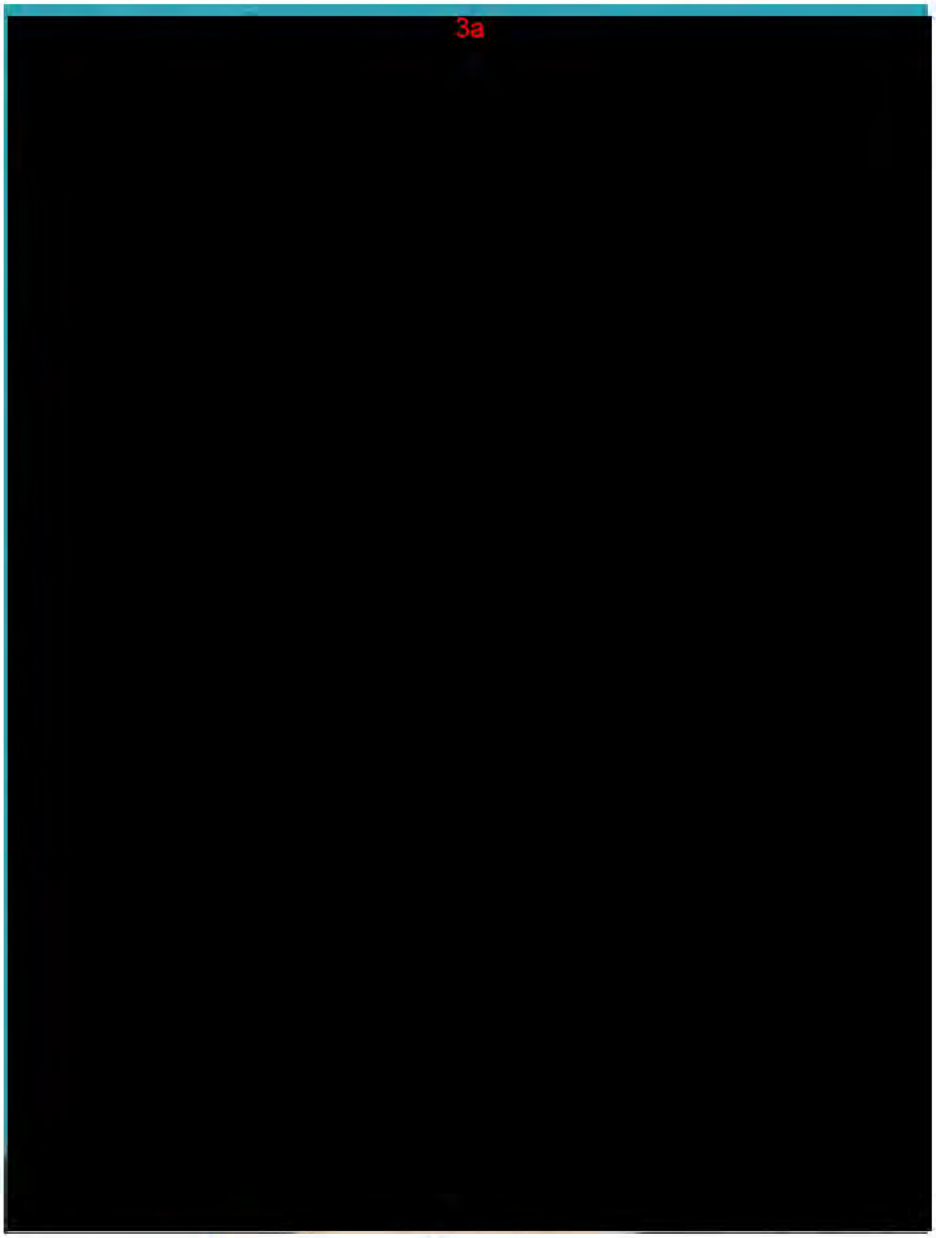
Thank you

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.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **31133031B1621**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **10-30-2013**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: *** F**

From: DOL INT Fraud
To: "Hernandez, Jeff W"
Subject: RE: DL REQUEST
Date: Monday, December 11, 2017 2:35:19 PM
Attachments: [redacted] pdf
Capture8.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.

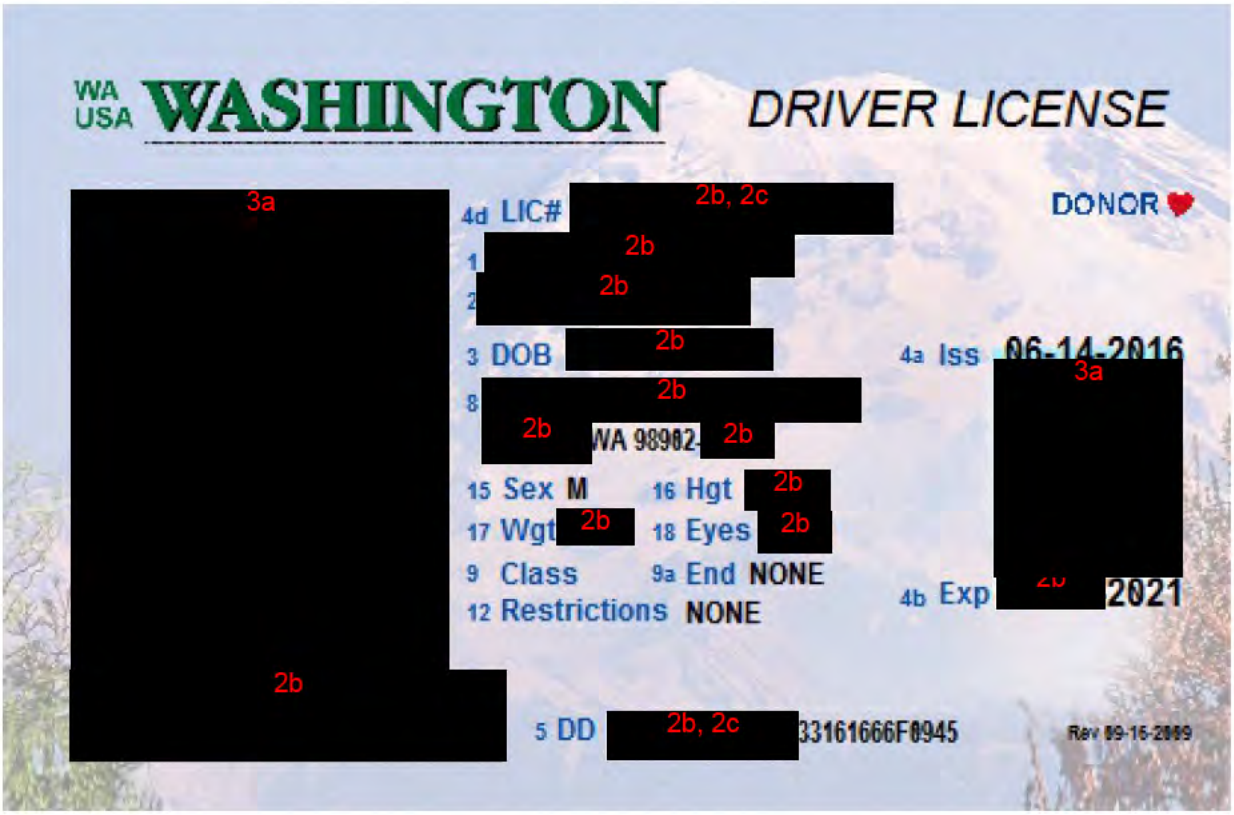
"Skip a trip - go online"
www.dol.wa.gov

From: Hernandez, Jeff W [mailto:Jeff.W.Hernandez@ice.dhs.gov]
Sent: Monday, December 11, 2017 2:34 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL 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.

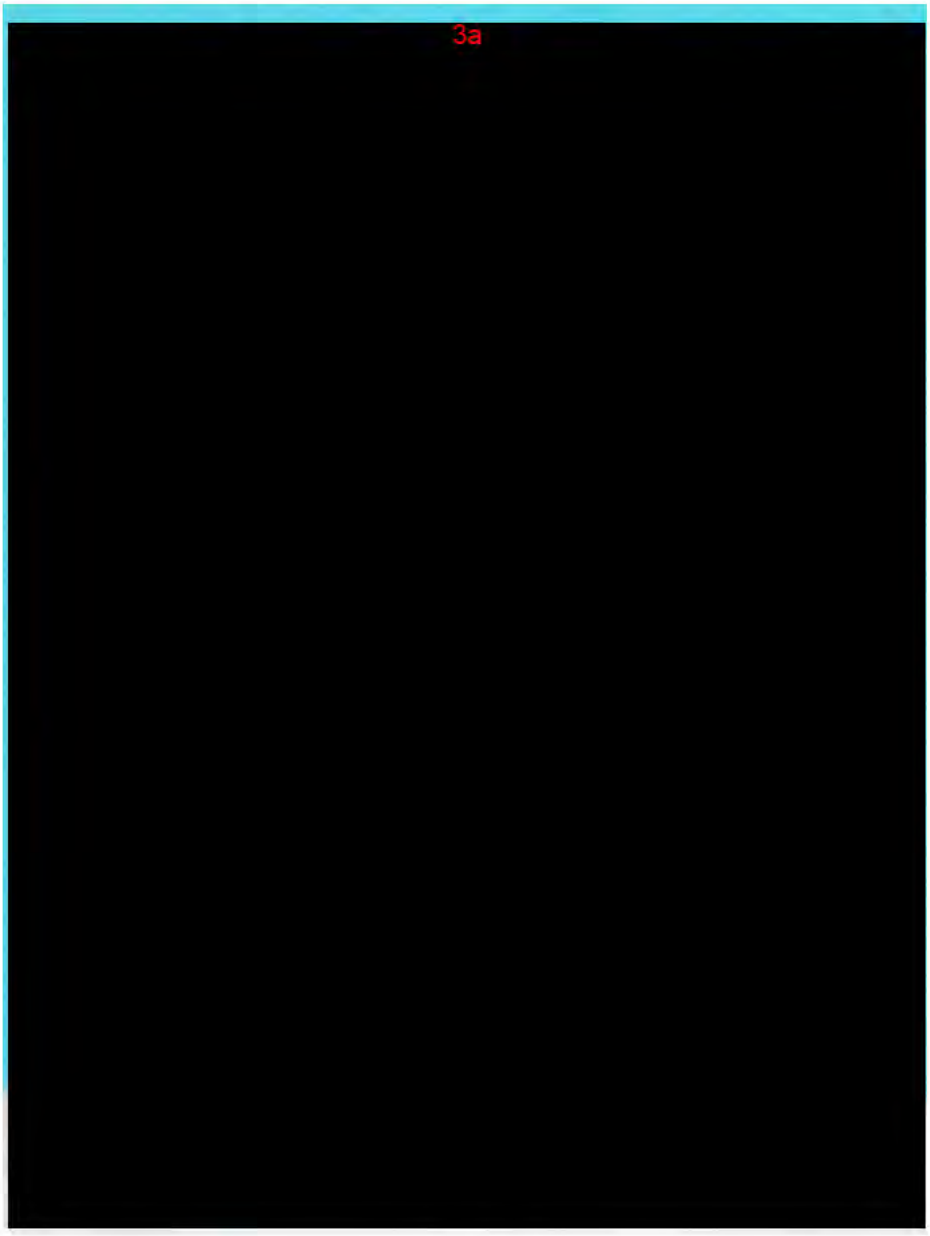
[redacted]

Jeff Hernandez D.O.
509-728-8202 cell
3701 River Rd, Yakima, Washington



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **33161666F0945**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **06-14-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

6C T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
App # 1430212356C App type L2
Exam fee # G000005
Exam fee date 07-14-2015
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	99301- 2b	FRANKLIN

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
GUADALAJARA	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? _____
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 096 04-07-2015			
Driving test	084 04-07-2015			

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

R1 R2

Remarks
2c, 6c WA ID 2c, 6c

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.

rbrown 369
Licensing services representative

X 2b
Applicant signature

4/14/2015
Date signed

KENNEWICK
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/D15104/DDLAP

From:	DOL INT Fraud
To:	"Than, Dave R"
Subject:	RE: DL Request
Date:	Thursday, December 07, 2017 2:35:31 PM
Attachments:	[redacted] Card_Front.pdf

Here is your request

Mandy Hummel
Support Enforcement Tech
LIU

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

From: Than, Dave R [mailto:Dave.R.Than@ice.dhs.gov]
Sent: Thursday, December 07, 2017 2:34 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL Request

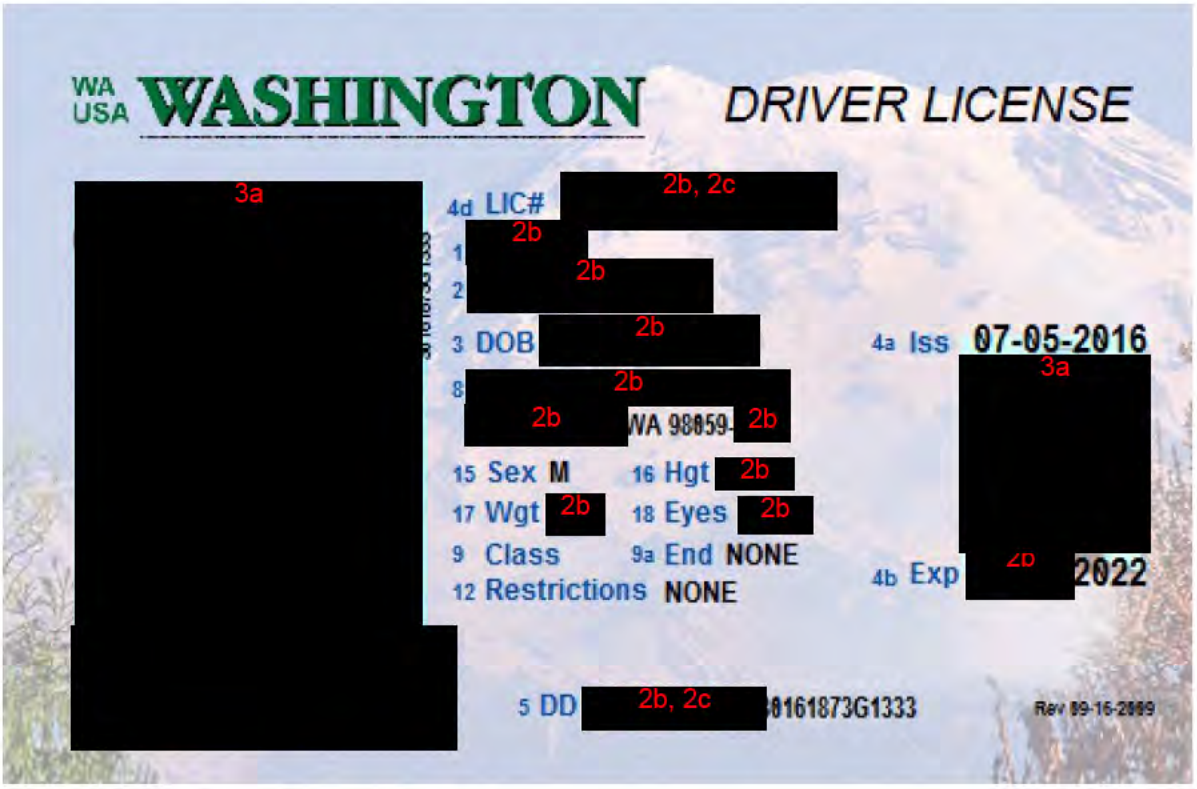
Pursuant to a Homeland Security Investigations (HSI) criminal narcotics smuggling investigation, could you please provide the current drivers license for Darren Singh, DOB: 6/20/1975, WADL# [redacted]

Thank you very much!

Dave Than
Special Agent
U.S. Department of Homeland Security
Homeland Security Investigations (HSI)
Blaine, Washington
Cell: (360)410-0375

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **30161873G1333**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **07-05-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

From: DOL INT Fraud
To: "Staudinger, Justin T"
Subject: RE: DL and Application Information
Date: Monday, December 11, 2017 7:45:30 AM
Attachments: [redacted] Photo_Card_Sig.pdf

Good Morning,

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: Staudinger, Justin T [mailto:Justin.T.Staudinger@ice.dhs.gov]
Sent: Monday, December 11, 2017 7:35 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL and Application Information

Good Day,

Respectfully requesting Drivers License and Application Information on the following individual.

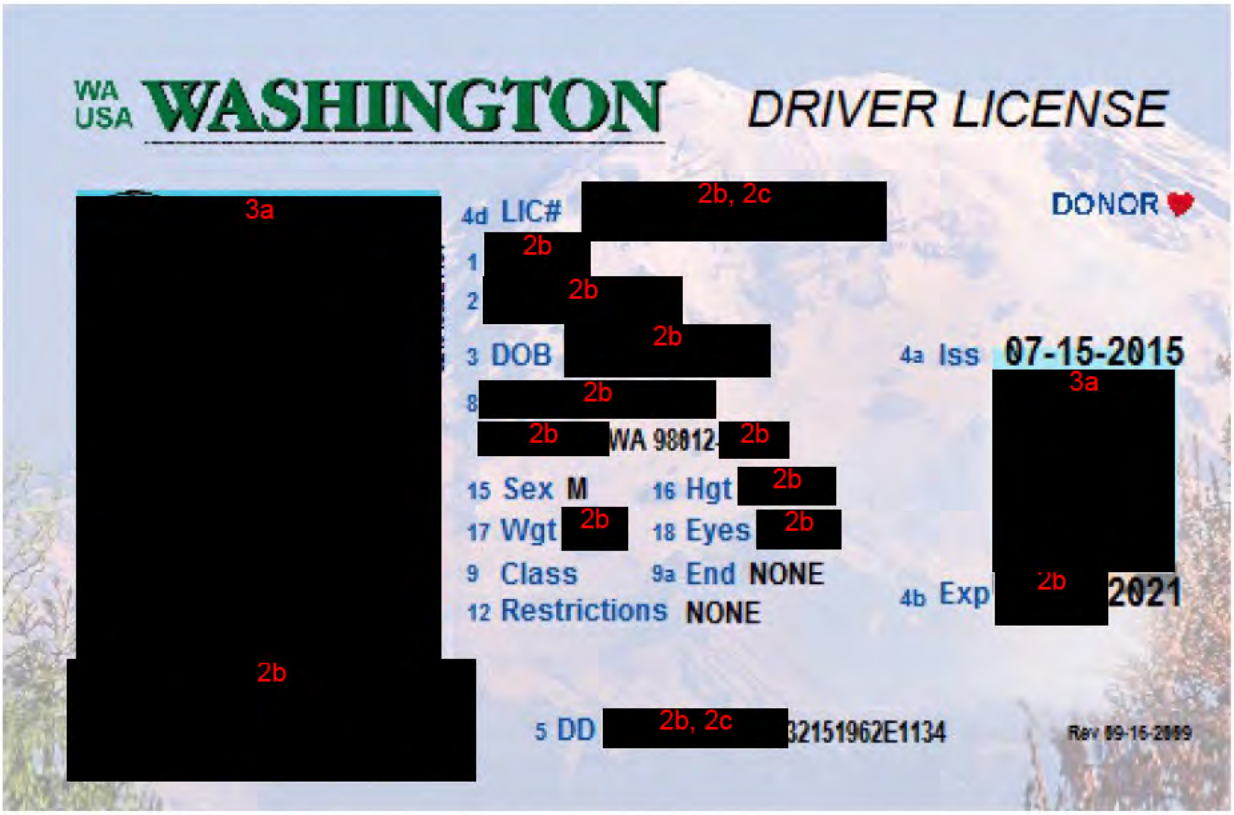
[redacted]

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, INA 275 [8 USC 1325], by the aforementioned individual.

Thank you for your time and help.

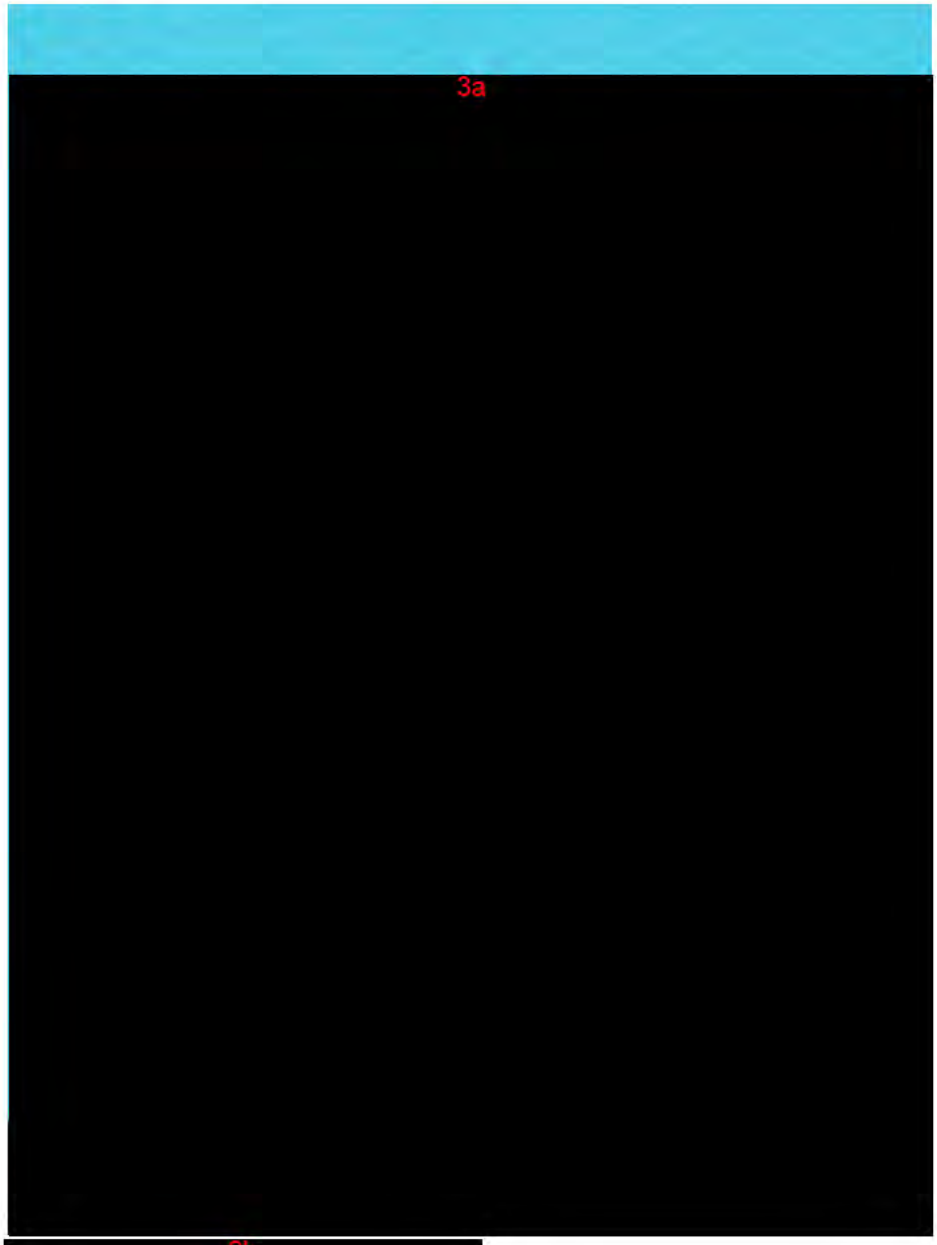
Justin Staudinger
206-771-1239

Sent with Good (www.good.com)



No card back image for given document.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **32151962E1134**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **07-15-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

From: DOL INT Fraud
To: "Staudinger, Justin T"
Subject: RE: DL and Application Information
Date: Wednesday, December 06, 2017 1:47:53 PM
Attachments: Capture12.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: Staudinger, Justin T [mailto:Justin.T.Staudinger@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 11:31 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL and Application Information

Good Afternoon,

Respectfully requesting Drivers License and Application Information on the following individual.

[redacted] 2b, 2c

[redacted] 2b, 2c

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, INA 275 [8 USC 1325], by the aforementioned individual.

Thank you for your time and help.

Justin Staudinger
206-771-1239

Sent with Good (www.good.com)

State of Washington - Department of Licensing
Record of Application Case Number: 972871217AE

Appl type: 31 Exam Fee #: 0000080 Exam Fee Date: 04-13-98 CTL #: 98036AE1020

Social Security #: [redacted]
Name: [redacted] 2b
Address: [redacted] 2b
City: [redacted] 2b ST: WA Zip: 98026-0000 County code: 31 Vote: NO
History:
Expiration Date: [redacted] 2b .02
Sex: MALE Birthdate: [redacted] 2b
Height: [redacted] 2b Weight: [redacted] 2b Eyes: [redacted] 2b
License #: [redacted] 2b, 2c Military: NO

Birthplace: EL SALVADOR
Are you a twin or triplet? NO Mothers 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
If YES, describe:
ID presented:
Remarks: [redacted] 2c, 6c AE/ WA I/P, WA ID

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 _____

IDENTIFICATION:

ACUITY	BOTH	RIGHT	LEFT	FUSION FIELD	COLOR	HEARING
WITHOUT CORRECTION	20/040	20/040	20/040	SATIS or		
WITH CORRECTION	20/	20/	20/	UNSATIS S	S	S S

KNOWLEDGE: -080 __-__-__ __-___ __-__-__ __-___ __-__-__

DRIVING: 078 01-13-98 086 02-05-98 _____ __-__-__

RESTRICTIONS: 000000 ENDORSEMENTS: 0000 CDL CLASS:

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 _____ signature [redacted] 2b

From: DOL INT Fraud
To: "Staudinger, Justin T"
Subject: RE: DL and Application Information
Date: Wednesday, December 06, 2017 11:35:07 AM
Attachments: 2b, 2c .pdf
Capture9.JPG
2b, 2c .pdf

Here you go. I will pull the app for the first person as soon as I can.

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: Staudinger, Justin T [mailto:Justin.T.Staudinger@ice.dhs.gov]
Sent: Wednesday, December 06, 2017 11:31 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL and Application Information

Good Afternoon,

Respectfully requesting Drivers License and Application Information on the following individual.

2b, 2c

2b, 2c

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, INA 275 [8 USC 1325], by the aforementioned individual.

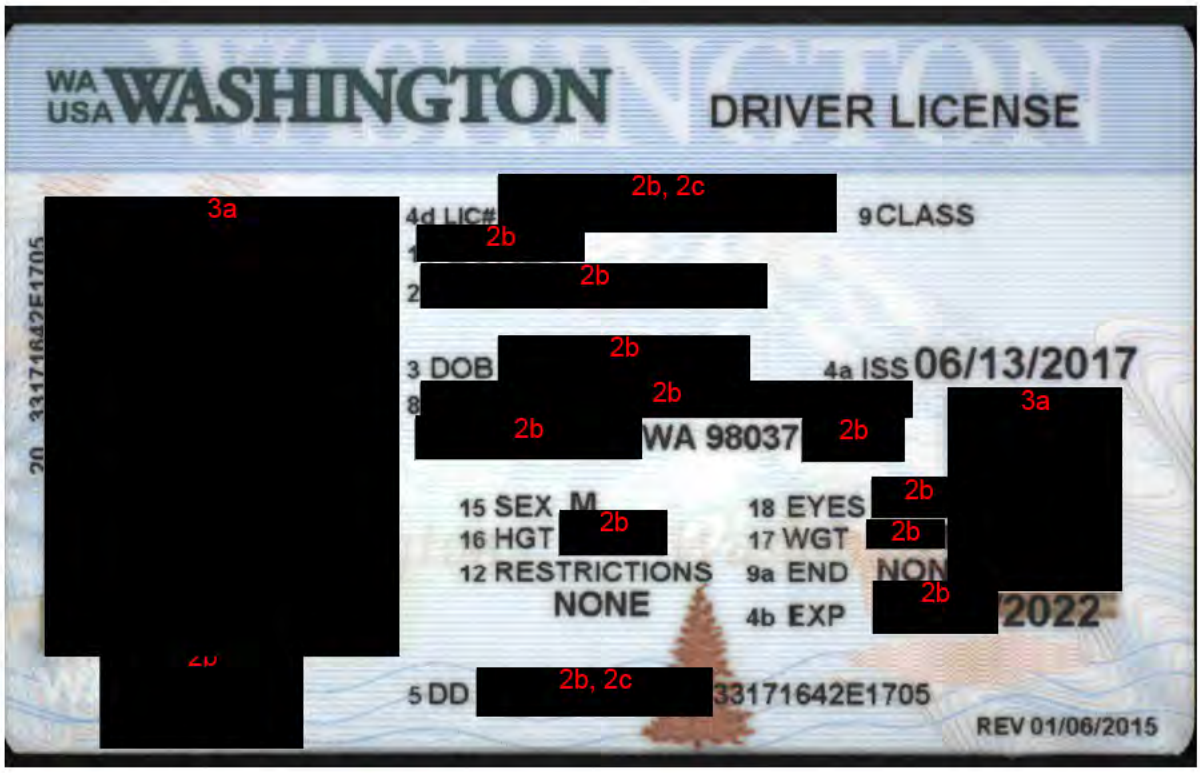
Thank you for your time and help.

Justin Staudinger
206-771-1239

Sent with Good (www.good.com)

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33171642E1705**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-13-2017**
MAILED DATE: **06-15-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

State of Washington - Department of Licensing 2E T
Record of Application Application Number: 1105412062E 2E

Appl type: L1 Exam Fee #: I000001 Exam Fee Date: 06-30-2011 CTL #: 110892E1537

Social Security #: [redacted] Expiration Date: [redacted] - 2016
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98037-[redacted] County: SNOHOMISH
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: NUEVA GRANADA
Birth St/Prov: USULUTAN Birth Country: EL SALVADOR
Are you a twin or triplet? NO Mother's Maiden Name: [redacted]
Telephone: ~~NONE~~ [redacted]
Have you had a license before? YES
If YES, where? NC1 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#: EL SAL PP [redacted] EXP 08,BC [redacted] NC DL:EXP 2011
Remarks: [redacted] :BANK OF AMER STMT &PATTY'S EGGNEST INC PAYSTUB W ADDR.
Previous ID Type: License ID presented: [redacted] Valid: YES

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: 01-999 02-23-2011 __-___ __-__-__ __-___ __-__-__ __-___ __-__-__
DRIVING: 999 02-23-2011 _____ __-__-__ _____ __-__-__ _____ __-__-__
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 M L Santos (403) Signature [redacted]

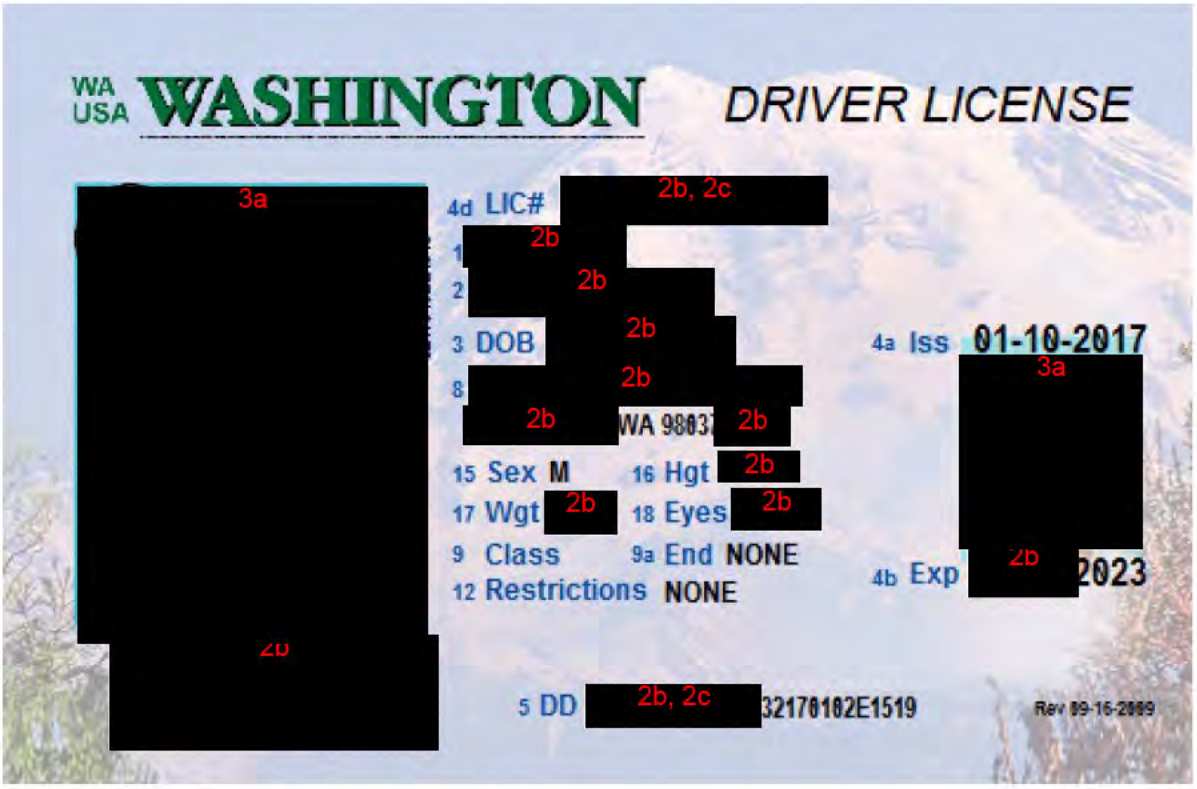
Date: 3/30/2011 Place of Signature: LYNNWOOD

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] 11089DLAP

License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32170102E1519**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME:
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **01-10-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b

From:	DOL INT Fraud
To:	"Staudinger, Justin T"
Subject:	RE: DL and Application Information
Date:	Monday, December 11, 2017 9:32:34 AM
Attachments:	Capture.JPG [redacted] Card_Front.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: Staudinger, Justin T [mailto:Justin.T.Staudinger@ice.dhs.gov]
Sent: Monday, December 11, 2017 9:29 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DL and Application Information

Good Day,

Respectfully requesting Drivers License and Application Information on 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, INA 275 [8 USC 1325], by the aforementioned individual.

Thank you for your time and help.

Justin Staudinger
206-771-1239

Sent with Good (www.good.com)

State of Washington - Department of Licensing 2C T
Record of Application Application Number: 0817013562C 2C

Appl type: 31 Exam Fee #: F000001 Exam Fee Date: 12-25-2009 CTL #: 0728524618

Social Security #: [redacted] Expiration Date: [redacted] 2014
Name: [redacted] Lic #: [redacted] Military: NO
Res Addr: [redacted] Res City: [redacted]
St: WA Zip: 98204 [redacted] County: SNOHOMISH
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: TIJUANA
Birth St/Prov: BAJA CAL DEL SUR 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#: TSEC [redacted]
Remarks: [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. If the application is for an intermediate license, the above named person has at least fifty hours of driving experience, including at least ten hours at night. A licensed driver with at least five years experience supervised the applicant's driving. To the best of my knowledge, this applicant has not been issued a traffic ticket and does not have any tickets that are pending at this time. I have read and understand the intermediate license passenger and nighttime driving restrictions. I certify under penalty of perjury under the [redacted] of the State of Washington that the foregoing is true and correct.

SIGNED [redacted] ADDRESS IF DIFFERENT
IDENTIFICATION: [redacted]

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

KNOWLEDGE: 01-999 06-18-2008 EO-091 09-25-2009
DRIVING: 088 10-12-2009
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

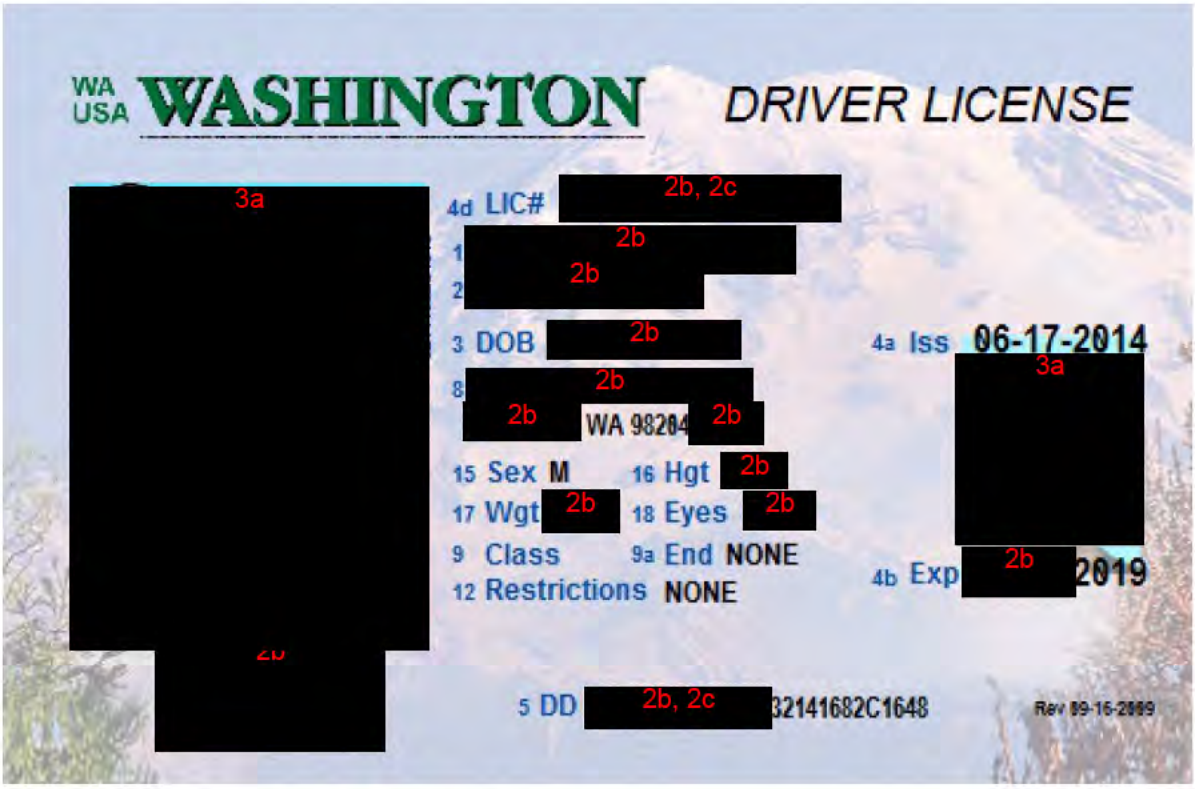
LSR [redacted] (247) Signature [redacted]
Date: 12/25/2009 Place of Signature: EVERETT

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

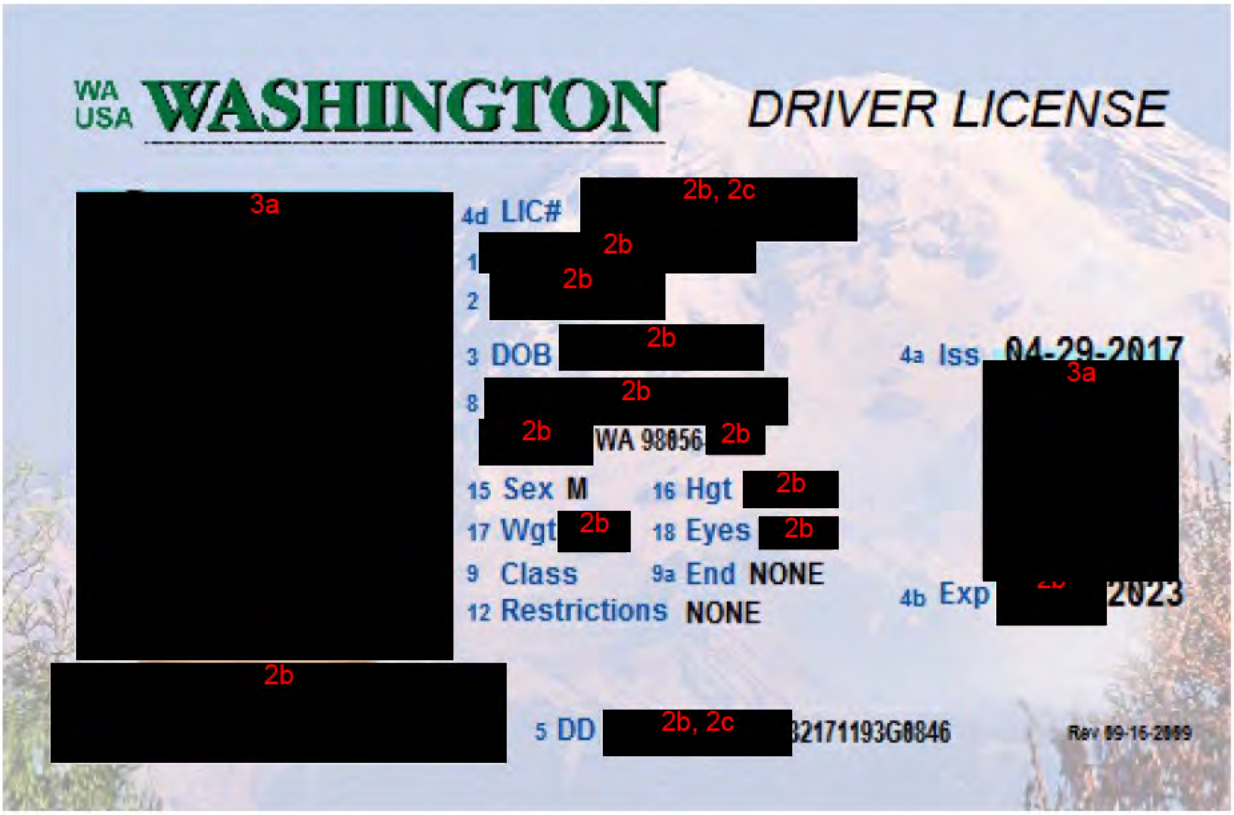
License Printout (Front Only)

CARD VIEW (FRONT)



LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32141682C1648**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **06-17-2014**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

2b



No card back image for given document.

2b, 2c

2b

3a

2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32171193G0846**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **04-29-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**

3G T

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Application

Office use only
Appl # 1018913593G
Appl type 31
Exam fee # B000003
Exam fee date 06-01-2012
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	98056-2b	KING

Mailing address (if different)

City	State/Province	ZIP code	Country
		0- 0	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
SENGUIO	MICHOACAN	MEXICO

Are you a twin or triplet?	Mother's maiden name	Birth certificate/INS/Passport number
☐ Yes ☑ No	2b, 2c, 6c	WAID ISSUE 7/8/2010

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

	1st test	2nd test	3rd test	4th test
Knowledge exam	S8 087 07-28-2010			
Driving test	076 03-01-2012	088 03-13-2012		

Scheduled drive test	Restrictions	Endorsements	CDL class	EDL	Enhanced card application status	Portfolio status
414 03-01-2012 3G	000000	00000		☐ Yes ☑ No		

R1 R2

Remarks
2c, 6c WID EXP 2015/NPIP EX 2c, 6c

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.

ALEE 304
Licensing services representative

X 2b
Applicant signature

3/13/2012
Date signed

RENTON
Place signed

DLE-520-076 (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 131

2b, 2c DCASE/D12073/DDLAP

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]

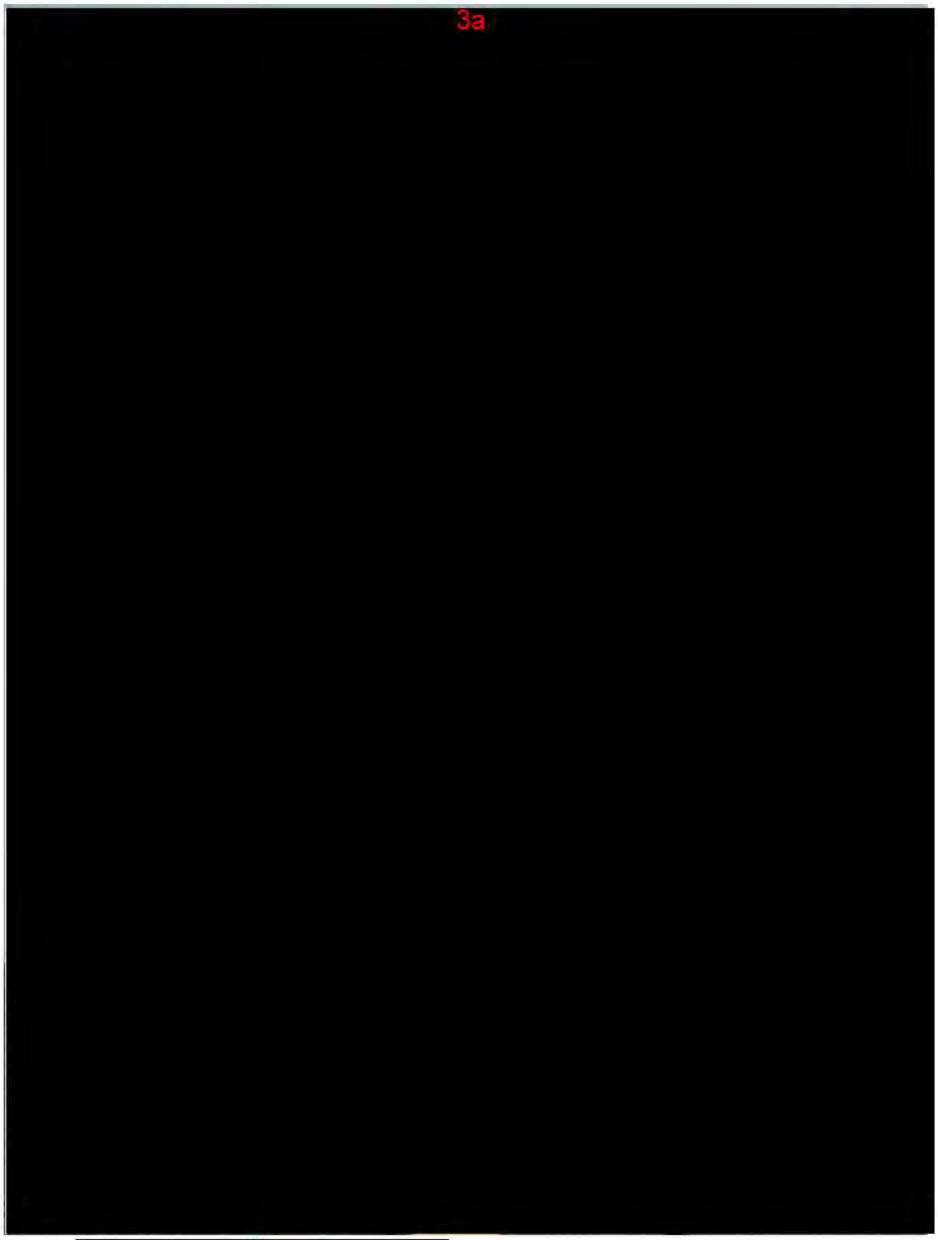
Justification for request:
Immigration and Customs Enforcement (ICE) / Enforcement and Removal Operations (ERO), is presently conducting a criminal investigation (8 USC 1325 and/or 1326) of possible violations of the Immigration and Nationality Act by the aforementioned individuals. Thanks.

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]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **321725130D1436**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **09-08-2017**
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 #: 07L23D 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 2011
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:

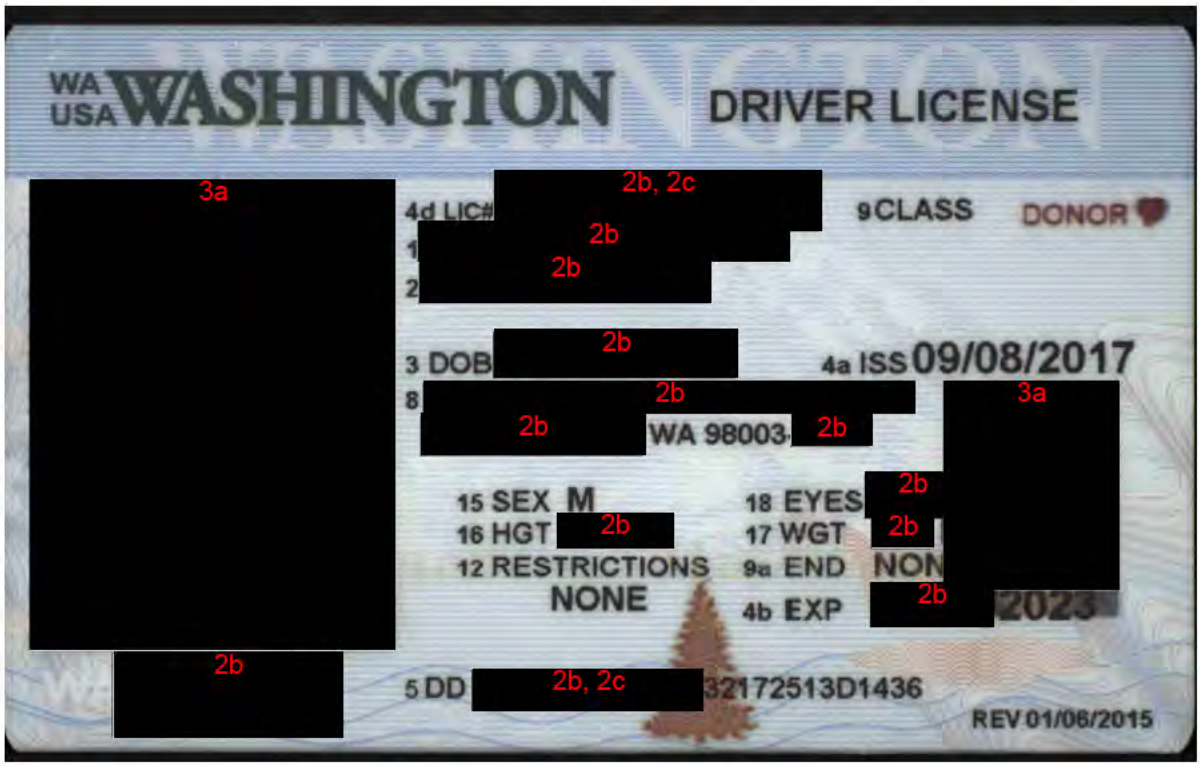
I declare under penalty of perjury under the laws of the State of Washington that this application and my information is true and correct, that my identifying documents are valid, and that I have no other valid drivers license or instruction permit. I declare that I am a resident of Washington State 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: "West, Kenneth A"
Subject: RE: DOL photo request
Date: Monday, December 04, 2017 11:12:23 AM
Attachments: [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: West, Kenneth A [mailto:Kenneth.A.West@ice.dhs.gov]
Sent: Monday, December 04, 2017 11:10 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: DOL photo request

Please send a Washington State DOL photo for the following individual:

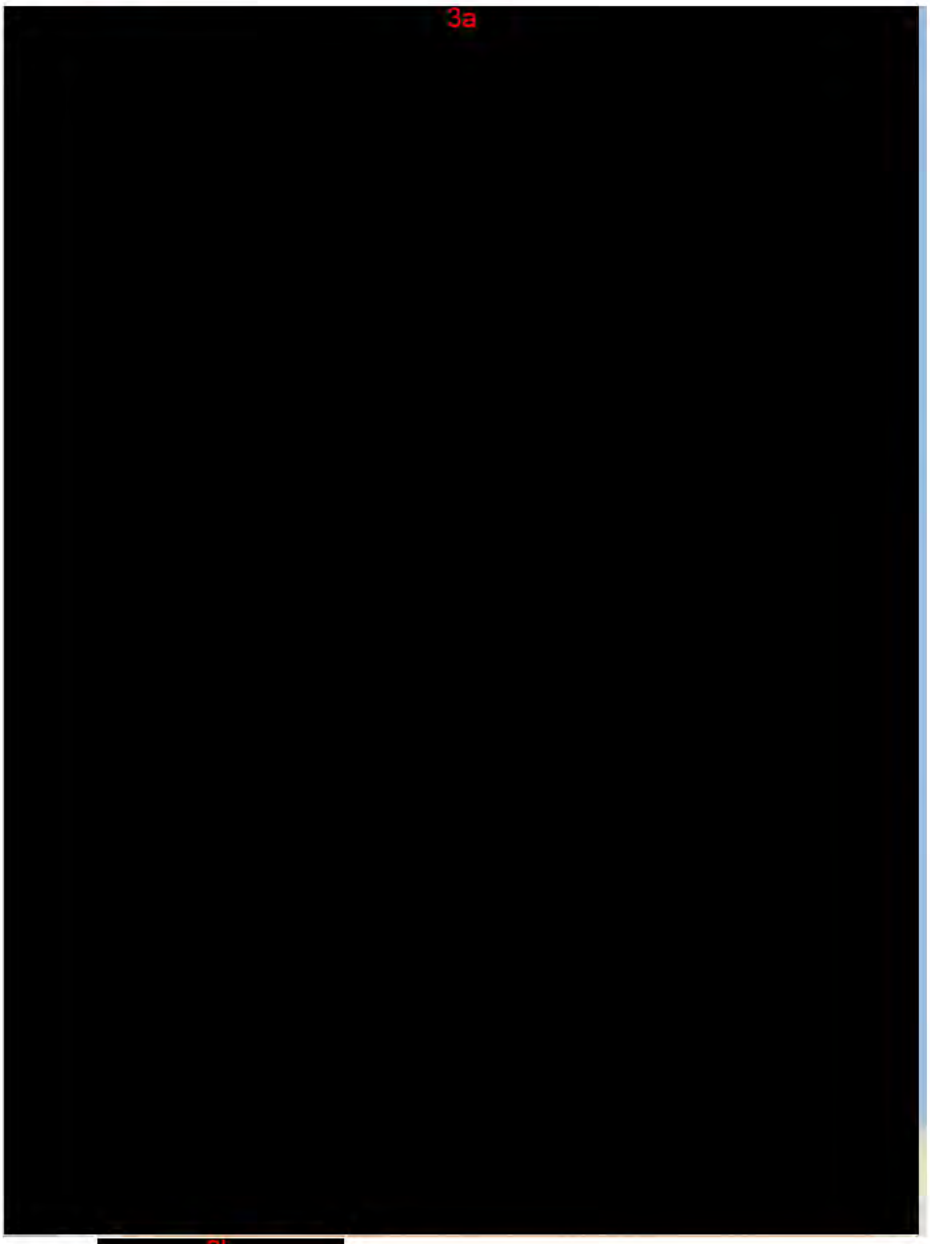
[redacted] DOB: 01/20/1990 **OLN:** [redacted]

The above individual is involved in an HSI criminal fraud investigation.
Please send photo via e-mail. If photo is in old format, please send to the office address listed below.
Thank you,

Ken West, Special Agent
Dept. of Homeland Security- HSI
RA/Wenatchee
301 Yakima St., Rm. G-28
Wenatchee, WA. 98801
(509) 663-7921 office, (509) 665-4196 fax

2b, 2c

2b



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **21172267C1104**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **08-14-2017**
PRODUCTION STATUS: **Mailed to Customer**

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

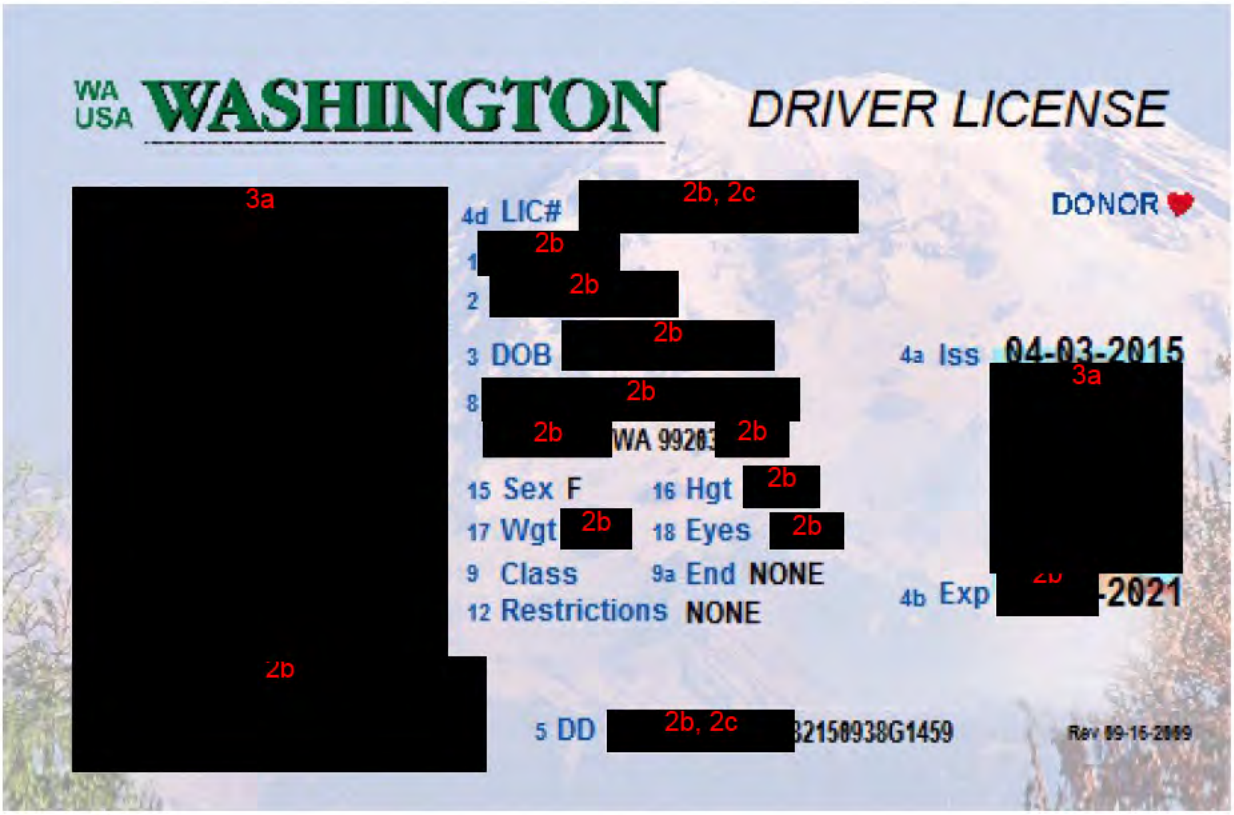
"Skip a trip - go online"
www.dol.wa.gov

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 [redacted].
Thank you for your assistance.

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

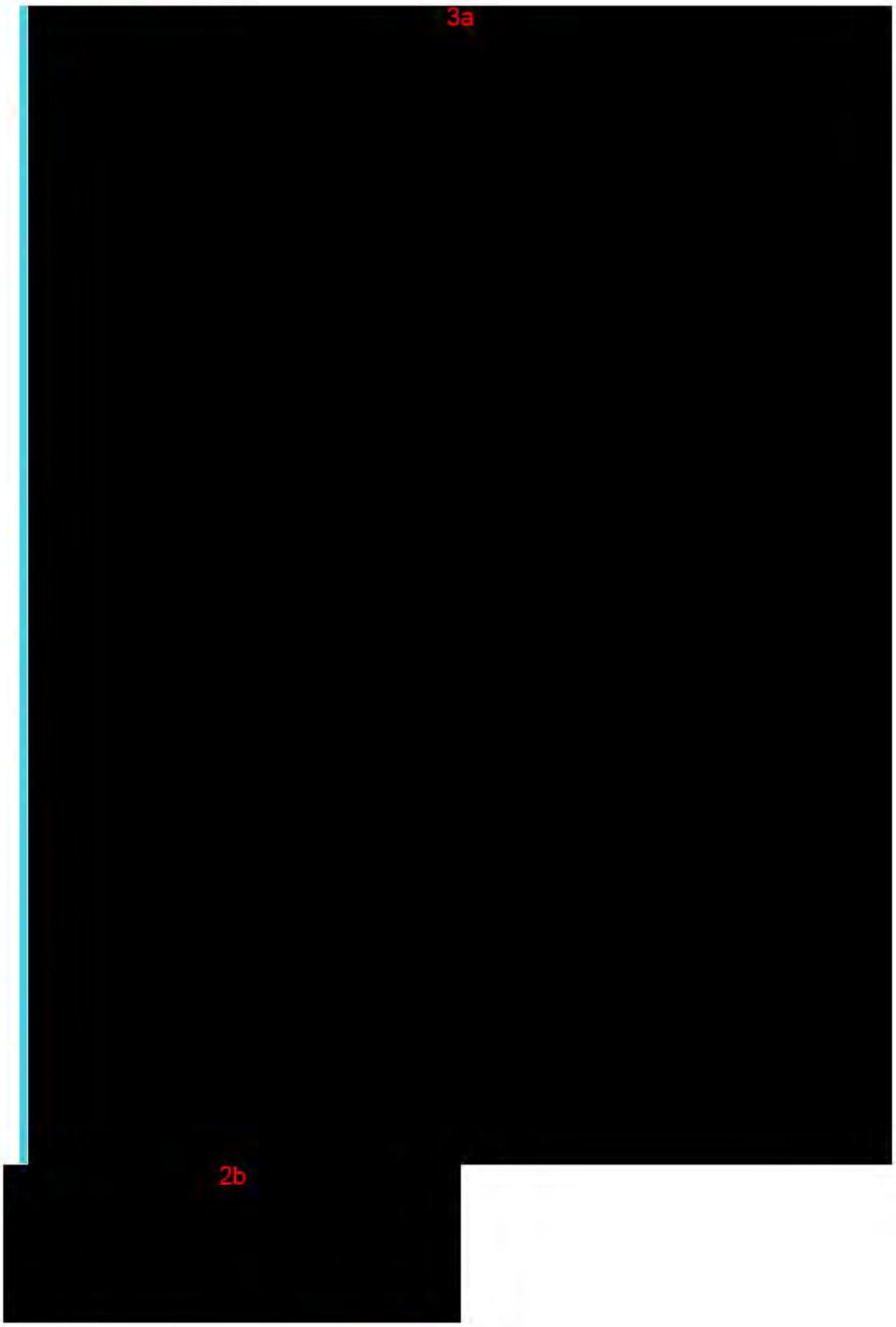
Phone: 509-329-5114
Cell: 509-251-7354
Fax: 509-329-5110



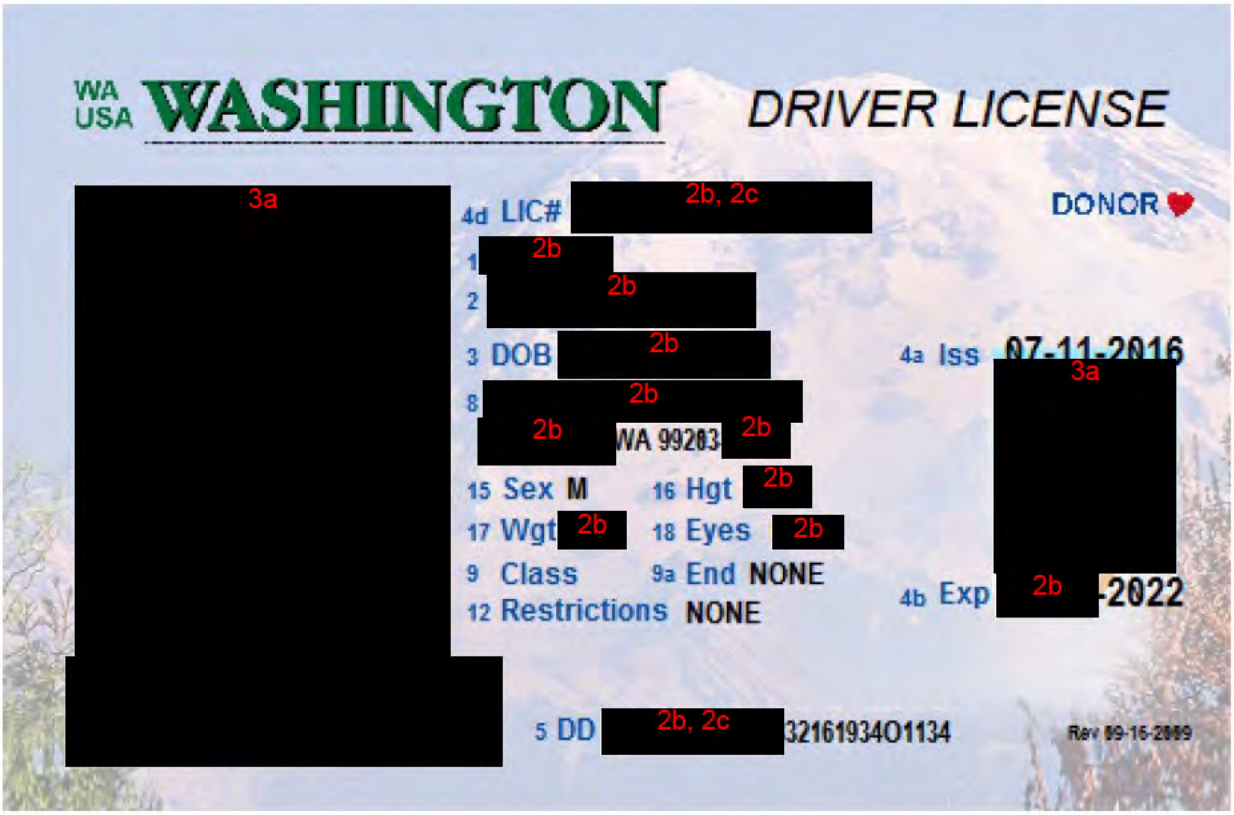
No card back image for given document.

2b, 2c

2b



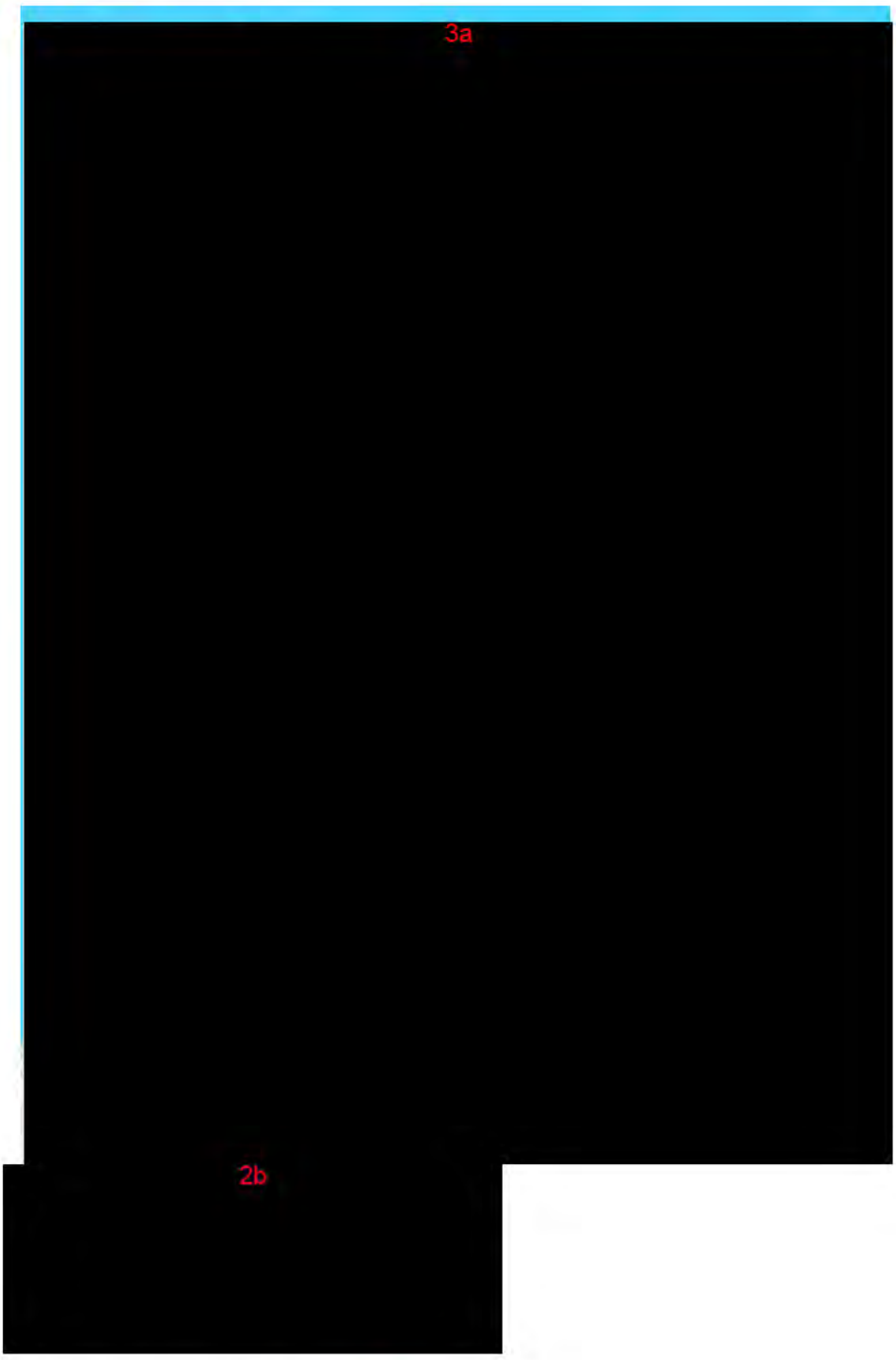
LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **32150938G1459**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **04-03-2015**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**



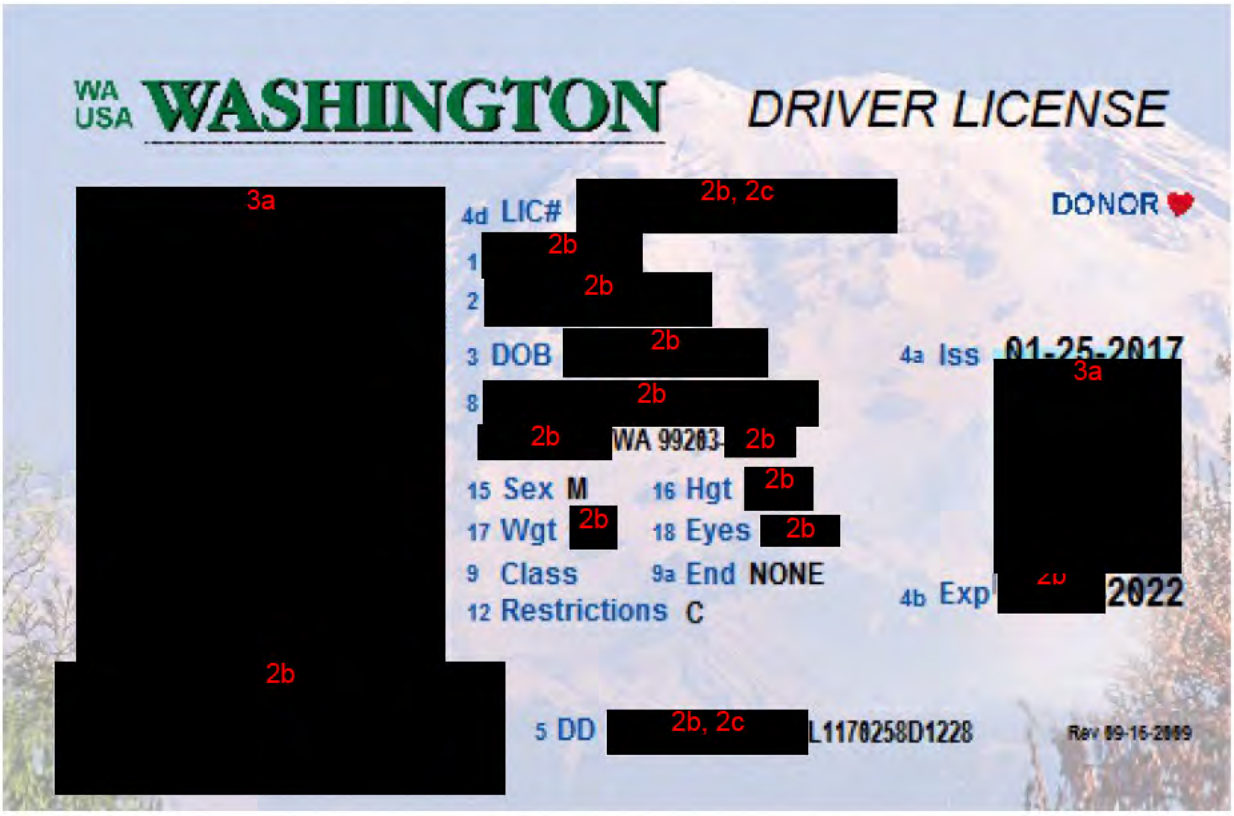
No card back image for given document.

2b, 2c

2b



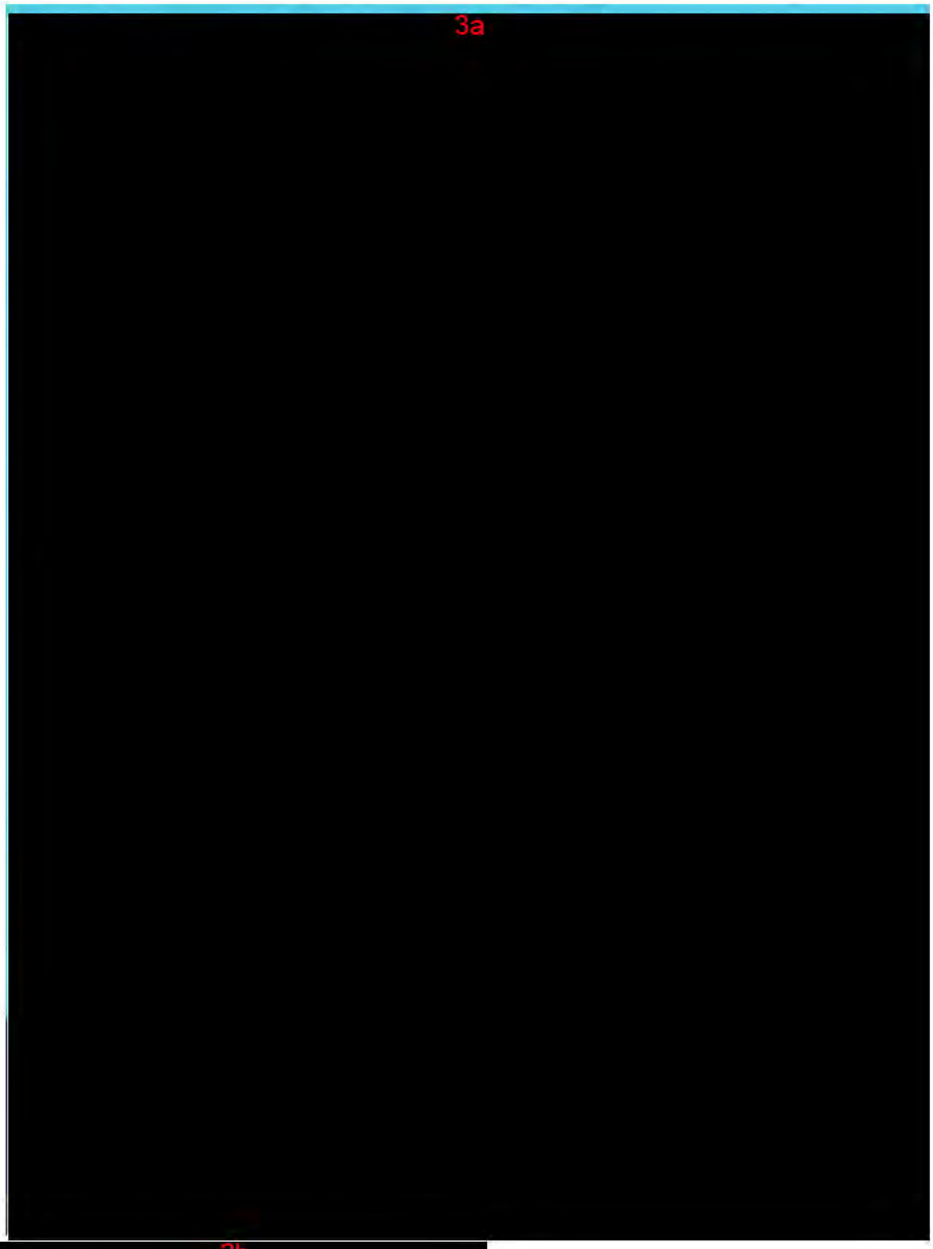
LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **321619340I134**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: 2b
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **07-11-2016**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**



No card back image for given document.

[redacted]

[redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **L1170258D1228**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **01-25-2017**
MAILED DATE: **N/A**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **C**

From: DOL INT Fraud
To: "McGeachy, Ernest L"
Subject: RE: D/L Request
Date: Monday, December 04, 2017 12:16:59 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: McGeachy, Ernest L [mailto:Ernest.L.McGeachy@ice.dhs.gov]
Sent: Monday, December 04, 2017 12:05 PM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: D/L Request

DOL,

Pursuant to a criminal investigation (human trafficking) being conducted by Homeland Security Investigations (HSI), please forward copy of driver licenses and/or ID card photographs (in photo and card view format) relating to the following individual:

[redacted] F [redacted] 31 [redacted]/2023

[redacted]

[redacted] 350 F [redacted] 139[redacted] 21 [redacted]/2023

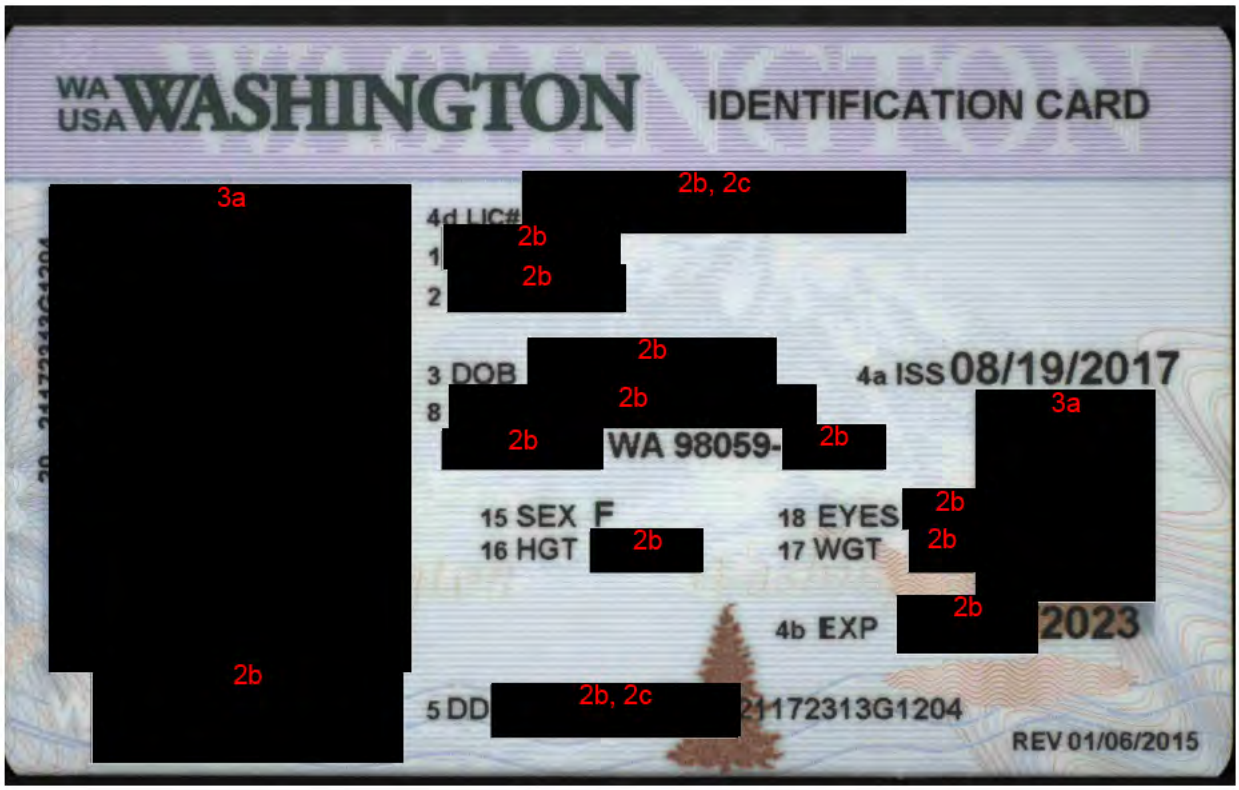
[redacted]

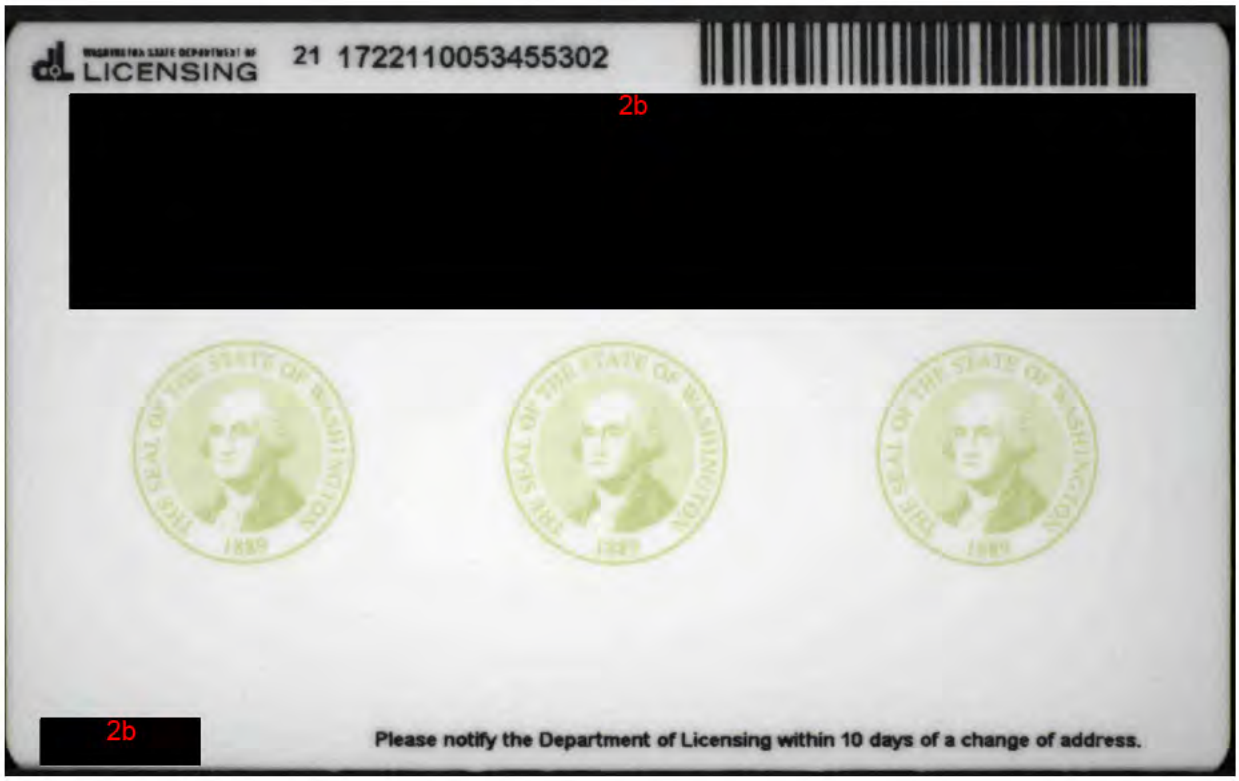
Thanks.

R/

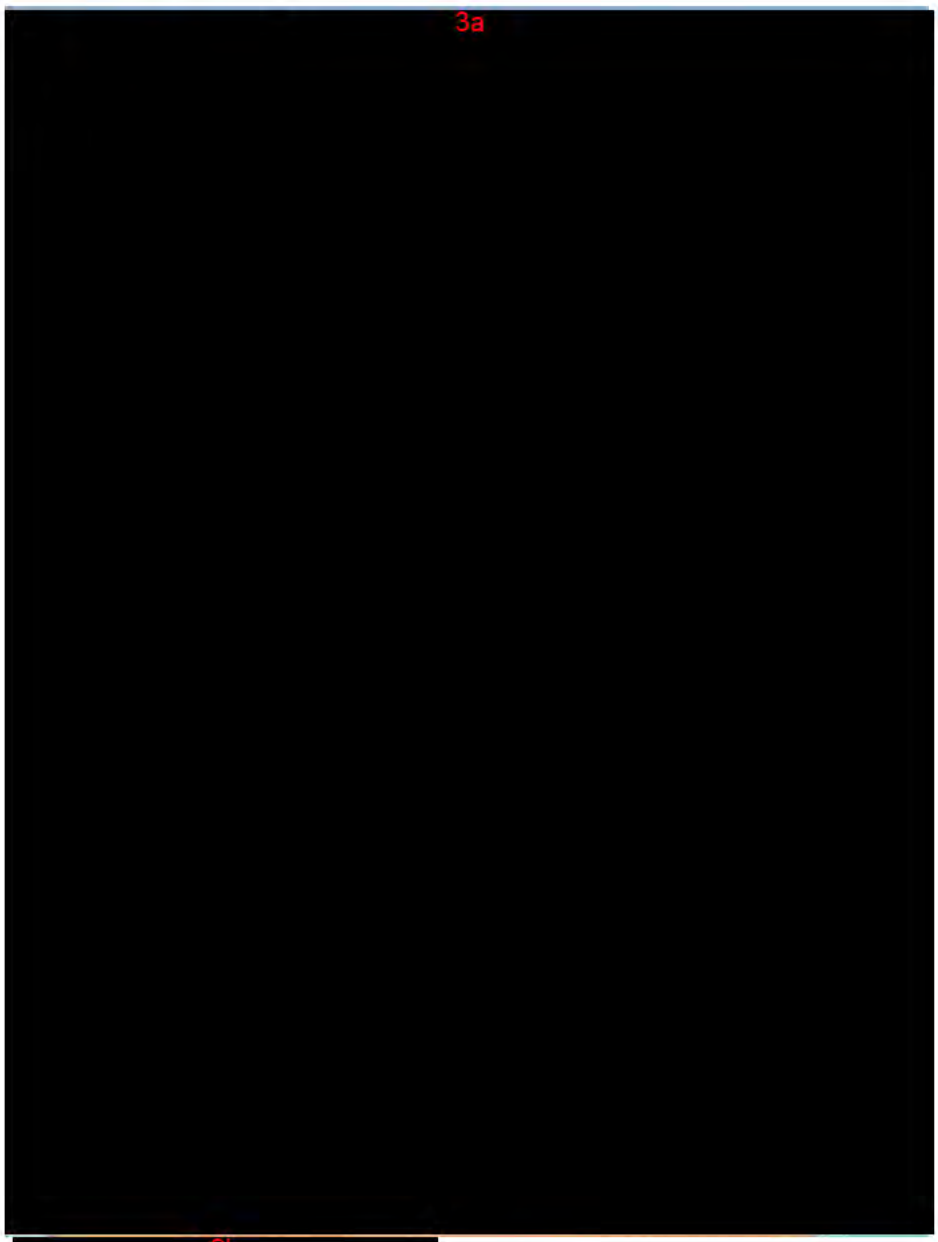
Ernie McGeachy
Special Agent
HSI Seattle
1000 2nd Avenue, STE 2300
Seattle, WA 98104

Cell: (206) 853-4427
Desk: (206) 442-2215
Fax: (206) 442-2201
ernest.l.mcgeachy@ice.dhs.gov


WA
USA
WASHINGTON
IDENTIFICATION CARD
3a
4d LIC#
2b, 2c
1
2b
2
2b
3 DOB
2b
4a ISS 08/19/2017
8
2b
3a
2b
WA 98059-
2b
15 SEX F
18 EYES
2b
16 HGT
2b
17 WGT
2b
4b EXP
2b
2023
2b
5 DD
2b, 2c
21172313G1204
REV 01/06/2015

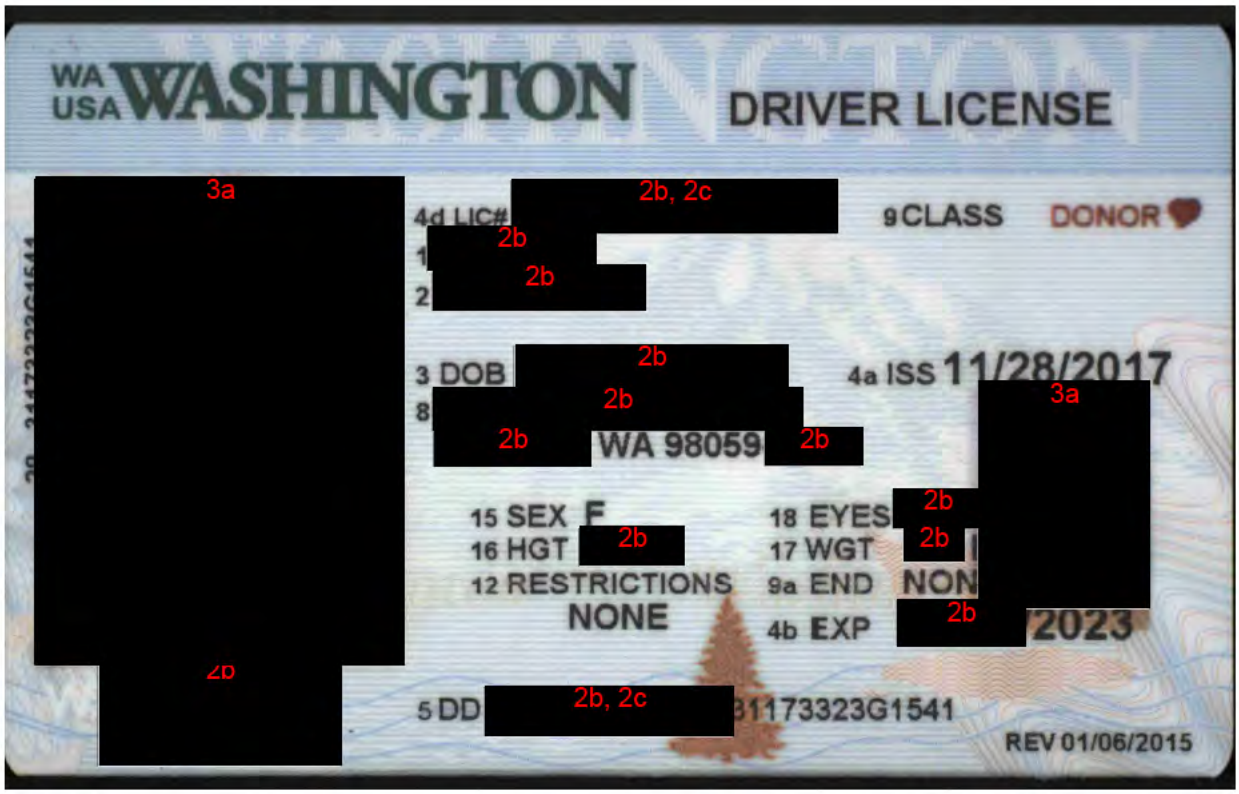

LICENSING
21 1722110053455302
2b
2b
Please notify the Department of Licensing within 10 days of a change of address.

[redacted] [redacted]



[redacted]

LICENSE NUMBER (PIC): [redacted]
CONTROL NUMBER: **21172313G1204**
LAST NAME: [redacted]
FIRST NAME: [redacted]
MIDDLE NAME: [redacted]
SUFFIX:
DATE OF BIRTH: [redacted]
ISSUE DATE: **08-19-2017**
MAILED DATE: **08-22-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**


WA USA WASHINGTON DRIVER LICENSE
3a
4d LIC# 2b, 2c
9 CLASS DONOR
1 2b
2 2b
3 DOB 2b
4a ISS 11/28/2017
8 2b
2b WA 98059 2b
3a
15 SEX F
16 HGT 2b
18 EYES 2b
17 WGT 2b
12 RESTRICTIONS NONE
9a END NON
4b EXP 2b 2023
2b
5 DD 2b, 2c
31173323G1541
REV 01/06/2015


LICENSING
21 1732622007685301
2b
CLASS
ENDORSEMENTS:
NONE
RESTRICTIONS:
NONE
2b
Please notify the Department of Licensing within 10 days of a change of address.

From: DOL INT Fraud
To: "McCully, Eric M"
Subject: RE: Documentation Request
Date: Monday, December 11, 2017 11:42:07 AM

Hi,

Can you check this pic number it is coming up as invalid.

Thank you

Mandy Hummel
Support Enforcement Tech
LIU

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

From: McCully, Eric M [mailto:Eric.M.McCully@ice.dhs.gov]
Sent: Monday, December 11, 2017 11:38 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Documentation Request

DOL,

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

[redacted] 2b, 2c

This is part of a criminal investigation in regard to 8 USC 1325, legal immigration status and removability.

Thank you,

Eric McCully
Deportation Officer
ICE/ERO Yakima, WA
Cell: (509) 370-8624
Desk: (509) 574-6764

Fax: (509) 454-5796

From:	eric.m.mccully@ice.dhs.gov
To:	DOL INT Fraud
Subject:	RE: Documentation Request
Date:	Monday, December 11, 2017 11:57:04 AM

I double checked and it's the only DL number that he has listed.

--- Originally sent by fraud@dol.wa.gov on Dec 11, 2017 11:42 AM ---

Hi,

Can you check this pic number it is coming up as invalid.

Thank you

Mandy Hummel

Support Enforcement Tech

LIU

"Skip a trip - go online"

www.dol.wa.gov

From: McCully, Eric M [mailto:Eric.M.McCully@ice.dhs.gov]
Sent: Monday, December 11, 2017 11:38 AM
To: DOL INT Fraud <FRAUD@DOL.WA.GOV>
Subject: Documentation Request

DOL,

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

[redacted] 2b, 2c

This is part of a criminal investigation in regard to 8 USC 1325, legal immigration status and removability.

Thank you,

Eric McCully

Deportation Officer

ICE/ERO Yakima, WA

Cell: (509) 370-8624

Desk: (509) 574-6764

Fax: (509) 454-5796

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

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

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:

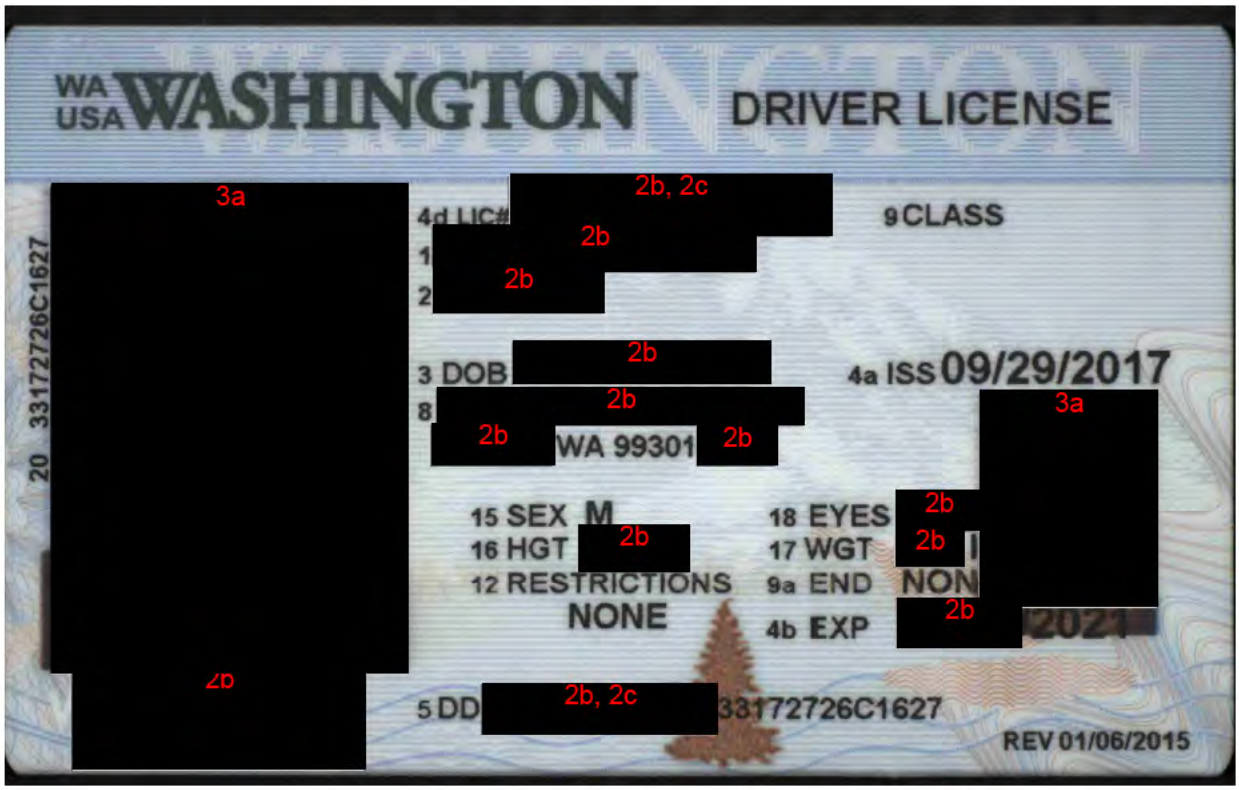
[redacted]
DOB [redacted]
WA OLN: [redacted]

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

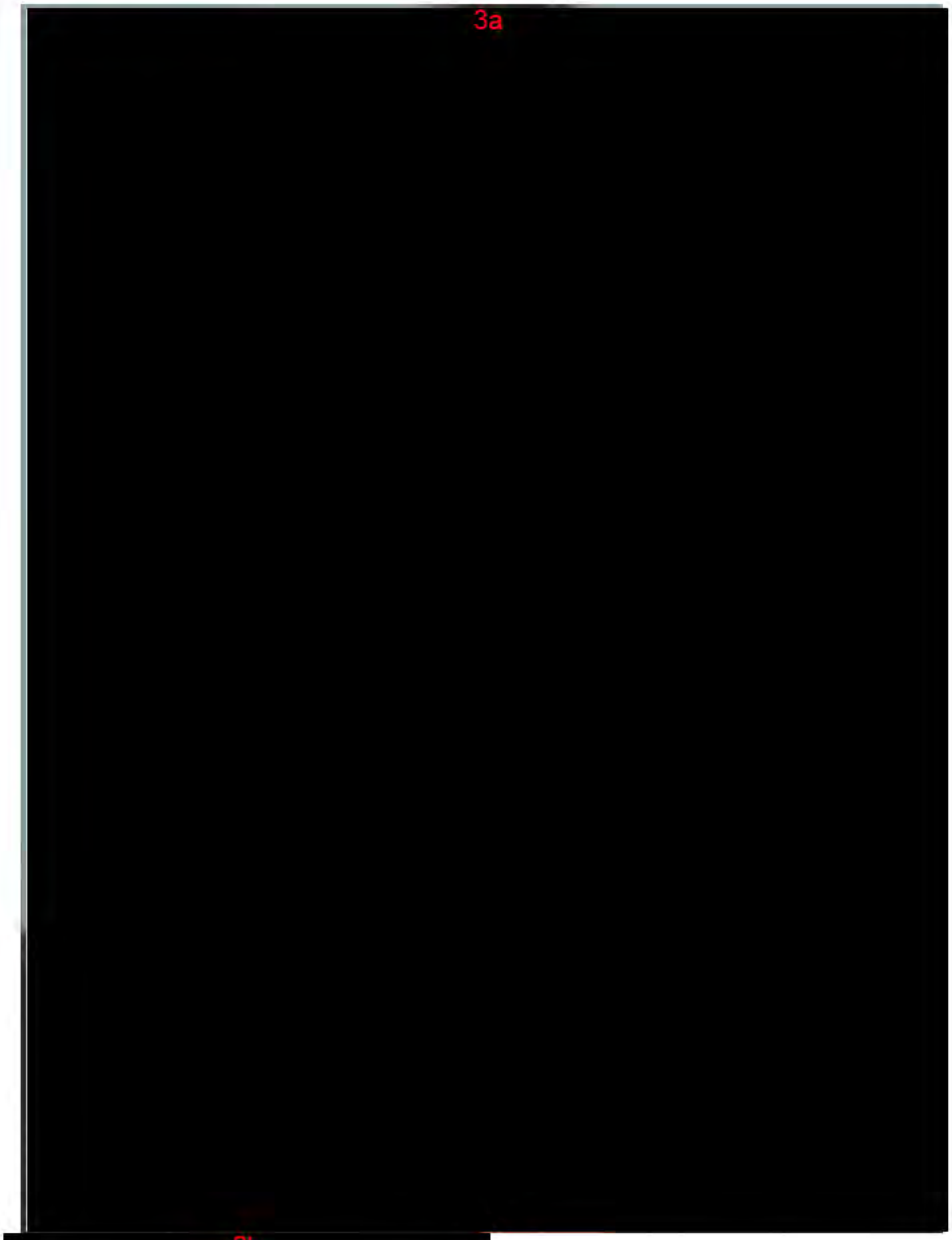
Criminal Targeting Specialist
DHS/ICE/ERO/National Criminal Analysis and Targeting Center
426 Industrial Avenue Suite 170; Williston, VT
Mailing: PO Box 476; Williston, VT 05495
Office: 802-951-2261 Fax: 802-657-4680
Email: Melanie.R.Cote@ice.dhs.gov


WA USA WASHINGTON DRIVER LICENSE
3a
4d LIC#
2b, 2c
2b
1
2b
2
9 CLASS
20 33172726C1627
3 DOB
2b
4a ISS 09/29/2017
8
2b
2b
WA 99301
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
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.

2b, 2c

2b



2b

LICENSE NUMBER (PIC): 2b, 2c
CONTROL NUMBER: **33172726C1627**
LAST NAME: 2b
FIRST NAME: 2b
MIDDLE NAME: **N/A**
SUFFIX:
DATE OF BIRTH: 2b
ISSUE DATE: **09-29-2017**
MAILED DATE: **10-03-2017**
PRODUCTION STATUS: **Mailed to Customer**
ENDORSEMENTS: **NONE**
RESTRICTIONS: **NONE**