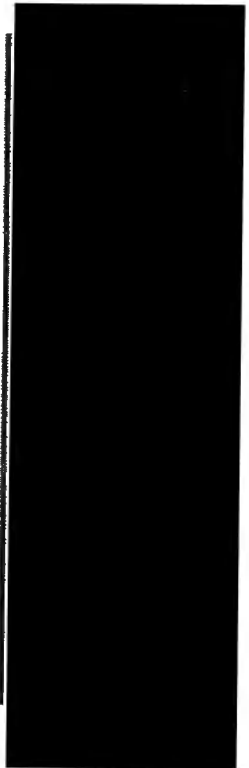


APPENDIX 1



C375275364

DL/ID number



Driver License & ID Card Application



DMV use



BD/LP Code

Doc Type

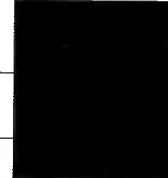
Doc Num:

Verify Document

Verify Residence

Primary:

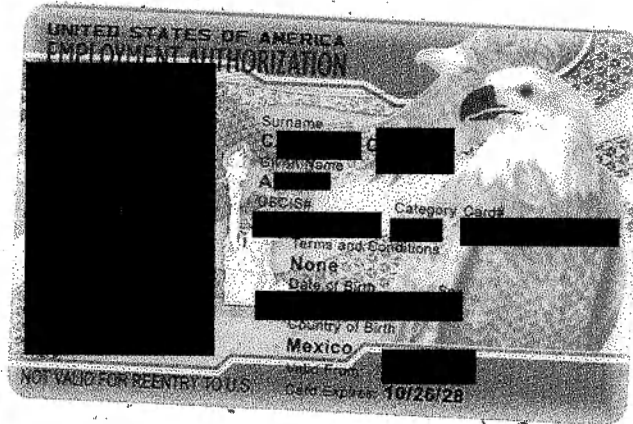
Secondary:



Primary:

Secondary:





FD-302 (Rev. 10-2011)



If found, drop in any US Mailbox. (USPS Mail to 7 Proctor Way, New Britain, CT 06053)



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 14:51

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD # NONE ISSUED

NAME: C C , A

BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-13-25:

OTHER ADDRESS AS OF 06-29-23:

PHYSICAL DESCRIPTION

SEX HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-13-25 MAILED: 06-24-25 EXPIRES: 06-24-29
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:

EXPIRES: NO DATE UPDATED: 03-19-24

RESIDENCY VERIFICATION: 1

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

SSN VERIFICATION CODE: - VERIFIED BY SSA UPDATED:

[REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Conditional Resident - Employment Authorized

Applicant is a non national of the U.S. who has been granted permanent resident status on a conditional basis. They are allowed to live and work in the United States as a permanent resident, but they will need to apply to remove the conditions of their status within two years of issuance of their permanent resident status. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: MEX - MEXICO
Date Admitted To: INDEFINITE

Agency Submitted Details

Full Name: A [REDACTED] C [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (adj of Status) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 485 application to adjust status to lawful permanent resident, but a decision on the application has not yet been made. This response also indicates SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number:	[REDACTED]
Country of Birth:	MEX MEXICO
Employment Authorization Document (EAD) Expiration Date:	10/26/2028
Provision of Law Code:	[REDACTED]

Agency Submitted Details

Full Name:	A [REDACTED] C [REDACTED]
Date of Birth:	[REDACTED]
Alien Number:	[REDACTED]
Card Number / I-797 Receipt Number:	[REDACTED]
User Field:	[REDACTED]
Initiated On:	[REDACTED]
Initiated By:	[REDACTED]
Point of Contact Name:	[REDACTED]
Point of Contact Phone Number:	[REDACTED]
Requested Benefits:	[REDACTED]
Attached Document:	[REDACTED]



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 14:20

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD #

NAME: M Z, A BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-30-25:

OTHER ADDRESS AS OF 12-29-18:

PHYSICAL DESCRIPTION

SEX HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS:

DRIVER LICENSE ISSUED: 06-30-25 MAILED: 07-11-25 EXPIRES: 12-09-25
REMAILED: NO DATE CLASS: B COMMERCIALORGAN DONOR/VETERAN: UPDATED:
LIMITED TERM-FEE DUE: 07-18-29BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:
INS DOCUMENT NUMBER:
EXPIRES: 12-09-25 UPDATED: 01-02-25

RESIDENCY VERIFICATION:

ENDORSEMENTS: P (PV) PASSENGER TRANSPORTATION

Department of Homeland Security (DHS) has terminated the Parole Processes for Cuban, Haitian, Nicaraguan, and Venezuelan nationals and their immediate family members (CHNV parole programs), effective June 12, 2025. Please refer to the [Federal Register Notice](#) for additional details.

 Official DHS Website

I-94/I-95 Website
Travel Record for U.S. Visitors

Your Recent I-94/I-95

< Home Apply for I-94 Search Help >

Get Most Recent I-94

Get your most recent I-94 form to prove your legal visitor status in the United States

Need Help?

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the [CBP I-94/I-95 Website FAQs](#).

Admission I-94 Record Number:

Arrival/Issued Date:

Class of Admission:

Admit Until Date:

2025 December 09

Details provided on the I-94 Information form:

Last/Surname:

M [REDACTED] Z [REDACTED]

First (Given) Name:

A [REDACTED]

Birth Date:

[REDACTED]

Document Number:

PASAPORTE
PASSPORT

ESTADOS UNIDOS MEXICANOS

La Secretaría de Relaciones Exteriores para la expedición de pasaportes a personas menores de edad con discapacidad que no estén en posibilidad de manifestar su voluntad.
The Ministry of Foreign Affairs for the issuance of passports to minors or people with disability unable to express their will.

Tipos
[Redacted]

Clave del país de expedición
[Redacted] **MEX**

Apellidos/ Surnames
[Redacted]

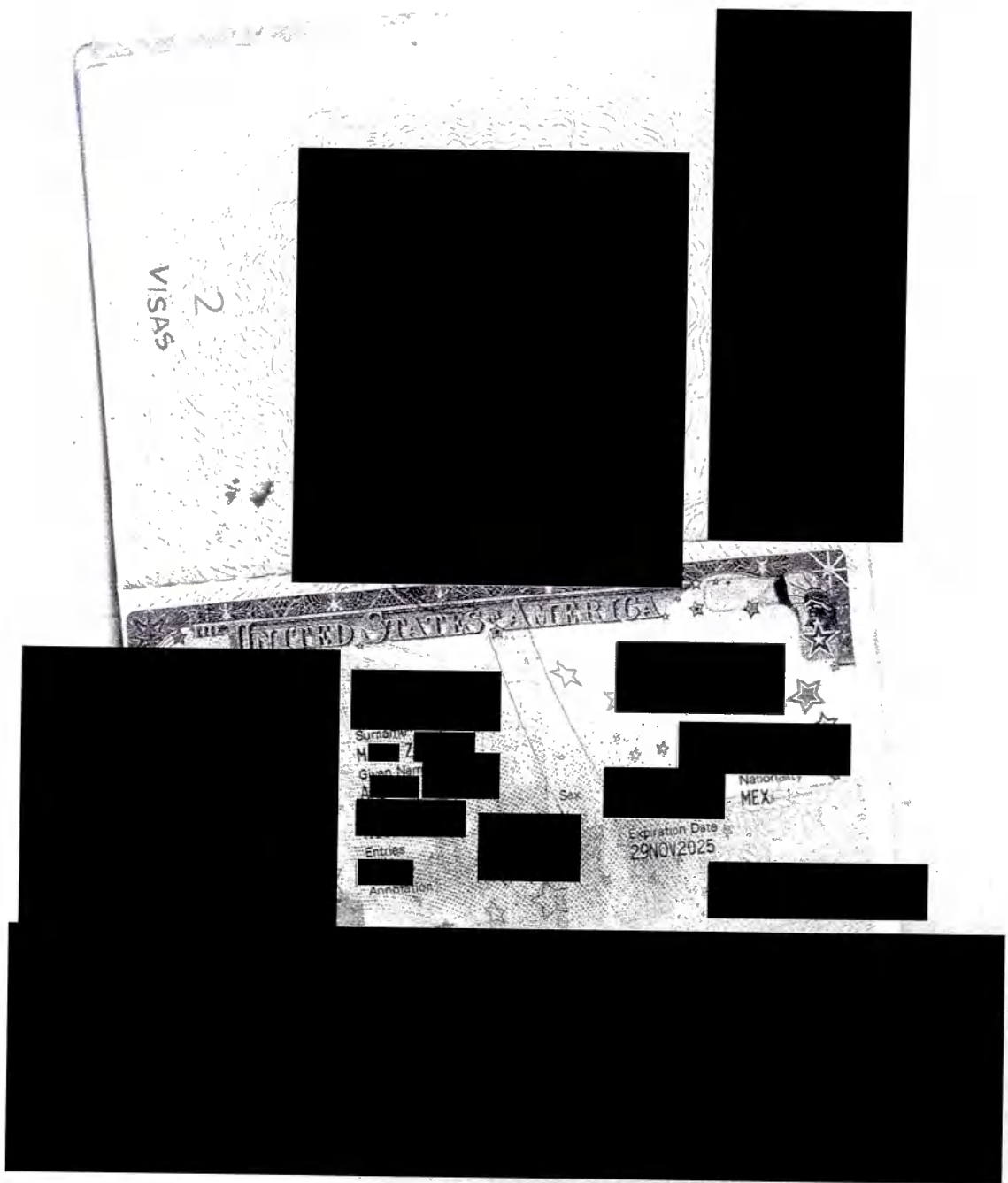
Nombre/ Given names
[Redacted]

Nacionalidad/ Nationality
[Redacted] **MEXICANA**

Fecha de expedición/ Date of issue
[Redacted]

Fecha de validez/ Validity date
[Redacted] **11 10 2027**

Observaciones/ Remarks
[Redacted]



VISAS

2

STATES OF AMERICA

Surname

Given Name

Entries

Annotation

Nationality

MEX

Expiration Date
29NOV2025





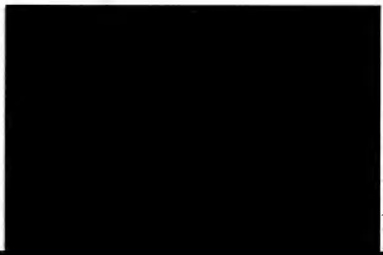
de la Secretaría de Relaciones Exteriores para la expedición de pasaportes a personas menores
de edad con discapacidad que no estén en posibilidad de manifestar su voluntad
For the exclusive use of the Ministry of Foreign Affairs for the issuance of passports to minors or people with
disabilities who are unable to express their will

ESTADOS UNIDOS MEXICANOS 

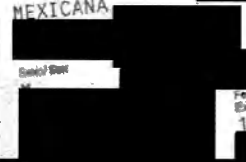
PASAPORTE
PASSPORT

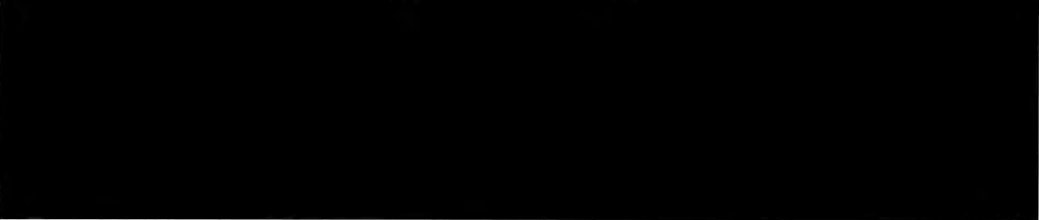
 

Clave del país de expedición/
Issuing state code
MEX

Nacionalidad/
Nationality
MEXICANA



 **MEX**
Fecha de caducidad/
Expiry date
11 10 2027



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Non Immigrant - Temporary Employment Authorized

A non-national of the U.S. who is admitted for a specific reason and for a limited period of time. The applicant is temporarily allowed to work. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Class of Admission (COA) Code: [REDACTED]
Date of Entry: [REDACTED]
Date Admitted To: 12/09/2025

Agency Submitted Details

Full Name: A [REDACTED] M [REDACTED] Z [REDACTED]
Date of Birth: [REDACTED]
I-94 Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,10 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: A [REDACTED], A [REDACTED] O [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-18-25: [REDACTED]

OTHER ADDRESS AS OF 04-01-12: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 10 - ADMINISTRATIVE MESSAGES

=====

PULL NOTICE:

CONDITION: [REDACTED]

REASON: [REDACTED]
INFO NEEDED: [REDACTED]
PURGE DATE: [REDACTED]
PURGE CODE: [REDACTED]
REQUESTER: [REDACTED]
REMARKS: NONEREVIEW OR PROCESS DATE: [REDACTED]
REASON: [REDACTED]
TO: [REDACTED]

COMMENTS: NONE

ARREST REPORT SUBRECORD: NONE

FILE CONDITION CODES: NONE

ATTACHMENTS: [REDACTED]

VOTER REGISTRATION CODE: [REDACTED] UPDATED: [REDACTED]
[REDACTED]

CARD HISTORY SUBRECORD:

APP OFFICE: [REDACTED]

WITHHOLDING UNIT: [REDACTED]
WITHHOLDING REASON: [REDACTED]

APP STATUS: U - UNUSABLE PHOTO

TYPE ISSUANCE: ORIGINAL DATE: NONE OFFICE: NONE
EXPIRES: NONE

BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: NONE
PHOTO INDICATOR: NONE
REMAKE INDICATOR: NONE
ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE: [REDACTED] OFFICE: [REDACTED] [REDACTED]

CARD ADDRESS: NONE

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BIRTHDATE: NONE CLASS: NONE
FEE DUE YR: NONE LRE: NONE

RESTRICTIONS: NONE

ENDORSEMENTS: NONE

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

APP OFFICE: [REDACTED] DATE: [REDACTED] CASHIER ID: [REDACTED] SEQ #: [REDACTED]

WITHHOLDING UNIT: [REDACTED]
[REDACTED]

APP STATUS: [REDACTED]

ISSUANCE INFORMATION

TYPE ISSUANCE: ORIGINAL

DATE: 04-12-2002 OFFICE: [REDACTED]

EXPIRES: [REDACTED]

BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: D - REGULAR DRIVER LICENSE

PHOTO INDICATOR: NONE

REMAKE INDICATOR: NONE

ORGAN DONOR/VETERAN: [REDACTED]

PHOTO INFORMATION

PHOTO DATE: [REDACTED] OFFICE: [REDACTED] FP DIGIT:

CARD ADDRESS: [REDACTED]
[REDACTED]

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BIRTHDATE: [REDACTED] CLASS: C - NON-COMMERCIAL

FEE DUE YR: [REDACTED] LRE: [REDACTED]

RESTRICTIONS: NONE

ENDORSEMENTS: NONE

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

APP OFFICE: [REDACTED] CASHIER ID: [REDACTED] SEQ #: [REDACTED]

WITHHOLDING UNIT: NONE

WITHHOLDING REASON: NONE

APP STATUS: [REDACTED]

ISSUANCE INFORMATION

TYPE ISSUANCE: ID CARDS

DATE: 04-12-2002 OFFICE: [REDACTED]

EXPIRES: 06-16-2007

BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: [REDACTED] - REGULAR [REDACTED]
PHOTO INDICATOR: NONE
REMAKE INDICATOR: NONE
ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE: [REDACTED] OFFICE: [REDACTED] FP DIGIT:

CARD ADDRESS: [REDACTED]

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BIRTHDATE: [REDACTED] CLASS: NONE
FEE DUE YR: [REDACTED] LRE: [REDACTED]

RESTRICTIONS: NONE

ENDORSEMENTS: NONE

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

APP OFFICE: [REDACTED]

WITHHOLDING UNIT: NONE

WITHHOLDING REASON: NONE

APP STATUS: [REDACTED]

ISSUANCE INFORMATION

TYPE ISSUANCE: [REDACTED]
[REDACTED] 06-16-2010

BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: D - REGULAR DRIVER LICENSE

PHOTO INDICATOR: NONE
REMAKE INDICATOR: NONE
ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE: [REDACTED] OFFICE: [REDACTED] [REDACTED]:

CARD ADDRESS: [REDACTED]

APP STATUS: [REDACTED]

DATE: [REDACTED] OFFICE: [REDACTED]

CARD ADDRESS: [REDACTED]

APP STATUS: [REDACTED]

DATE: NONE OFFICE: NONE

[REDACTED]
BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: NONE
PHOTO INDICATOR: NONE
REMAKE INDICATOR: NONE
ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE: [REDACTED] OFFICE: [REDACTED] [REDACTED]

CARD ADDRESS: NONE

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:
SEX: NONE HAIR: NONE EYES: NONE HEIGHT: NONE WEIGHT: NONE

BIRTHDATE: NONE CLASS: NONE
FEE DUE YR: NONE LRE: NONE

RESTRICTIONS: NONE

ENDORSEMENTS: NONE

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

[REDACTED]
[REDACTED]
WITHHOLDING UNIT: NONE
WITHHOLDING REASON: NONE

APP STATUS: [REDACTED]

ISSUANCE INFORMATION

TYPE ISSUANCE: [REDACTED] [REDACTED]
EXPIRES: [REDACTED]

BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: C - COMMERCIAL DRIVER LICENSE
PHOTO INDICATOR: NONE
REMAKE INDICATOR: NONE
ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE: [REDACTED] OFFICE: [REDACTED] [REDACTED]

CARD ADDRESS: [REDACTED]
[REDACTED]

Buick

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BIRTHDATE: [REDACTED] CLASS: A - COMMERCIAL

FEE DUE YR: 15 LRE: [REDACTED]

RESTRICTIONS: NONE

ENDORSEMENTS: T DOUBLES/TRIPLES

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

[REDACTED]

WITHHOLDING UNIT: NONE

WITHHOLDING REASON: NONE

APP STATUS: [REDACTED]

ISSUANCE INFORMATION

[REDACTED]

[REDACTED]

EXPIRES: 06-16-2020

BANNERS: NONE

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: C - COMMERCIAL DRIVER LICENSE

PHOTO INDICATOR: NONE

REMAKE INDICATOR: NONE

ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE: [REDACTED] [REDACTED] [REDACTED]

CARD ADDRESS: [REDACTED]

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BIRTHDATE: [REDACTED] A - COMMERCIAL

FEE DUE YR: 20 LRE: [REDACTED]

RESTRICTIONS: NONE

ENDORSEMENTS: T DOUBLES/TRIPLES

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

WITHHOLDING UNIT: NONE
WITHHOLDING REASON: NONE

APP STATUS:

ISSUANCE INFORMATION

TYPE ISSUANCE: RENEWAL
EXPIRES: 01-04-2021

DATE:

BANNERS:

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: C - COMMERCIAL DRIVER LICENSE
PHOTO INDICATOR: NONE
REMAKE INDICATOR: NONE
ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE:

CARD ADDRESS:

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX: HAIR: EYES: HEIGHT: WEIGHT:

BIRTHDATE: CLASS: A - COMMERCIAL

FEE DUE YR: 25 LRE:

RESTRICTIONS: NONE

ENDORSEMENTS: T DOUBLES/TRIPLES

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

WITHHOLDING UNIT: NONE
WITHHOLDING REASON: NONE

APP STATUS:

ISSUANCE INFORMATION

TYPE ISSUANCE: RENEWAL

DATE: 12-21-2020 OFFICE:

EXPIRES: 06-16-2025

BANNERS:

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: C - COMMERCIAL DRIVER LICENSE

PHOTO INDICATOR: NONE

REMAKE INDICATOR: NONE

ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

PHOTO DATE:

CARD ADDRESS:

TEMPORARY MAIL ADDRESS INDICATOR: NONE

PHYSICAL DESCRIPTION:

SEX:

HAIR:

HEIGHT:

WEIGHT:

BIRTHDATE: CLASS: A - COMMERCIAL

FEE DUE YR: 25

LRE:

RESTRICTIONS: NONE

ENDORSEMENTS: T DOUBLES/TRIPLES

IMAGE CAPTURE DL #: NONE

CARD HISTORY SUBRECORD:

APPLICATION INFORMATION

WITHHOLDING UNIT: NONE

WITHHOLDING REASON: NONE

APP STATUS:

ISSUANCE INFORMATION

TYPE ISSUANCE: RENEWAL

EXPIRES: 09-09-2026

DATE: 06-18-2025 OFFICE:

BANNERS:

PROVISIONAL ORIGINAL ISSUE DATE: NONE

CARD TYPE: C - COMMERCIAL DRIVER LICENSE

PHOTO INDICATOR: NONE

REMAKE INDICATOR: NONE

ORGAN DONOR/VETERAN: NONE

PHOTO INFORMATION

[REDACTED] [REDACTED] [REDACTED]

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

FEE DUE YR: 30 LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

LRE: [REDACTED]

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-26-25 TIME: 09:42

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD

NAME: A, A C BIRTHDATE:

OTHER NAMES ON FILE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-18-25:

OTHER ADDRESS AS OF 04-01-12:

PHYSICAL DESCRIPTION

SEX: HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-18-25 MAILED: 06-30-25 EXPIRES: 09-09-26
REMAILED: NO DATE CLASS: A COMMERCIALORGAN DONOR/VETERAN: UPDATED:
LIMITED TERM-FEE DUE:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:
EXPIRES: 09-09-26 UPDATED: 06-16-20

RESIDENCY VERIFICATION:

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] - VERIFIED BY SSA UPDATED: [REDACTED]

MEDICAL EXPIRES: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****



THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE [REDACTED]		NOTICE DATE [REDACTED]
CASE TYPE [REDACTED]		USCIS ALIEN NUMBER [REDACTED]
RECEIPT NUMBER [REDACTED]	RECEIVED DATE [REDACTED]	PAGE 1 of 1
		DATE OF BIRTH [REDACTED]

PAYMENT INFORMATION:

Application/Petition Fee: \$520.00
Total Amount Received: \$520.00
Total Balance Due: \$0.00

NAME AND MAILING ADDRESS
[REDACTED]

Eligibility Category [REDACTED]

We have received your form and are currently processing it. We will notify you separately about any other form you filed. If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment. If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

If you filed to renew your Employment Authorization Document (EAD) under category A03, A05, A07, A08, A10, A12, A17, A18, C08, C09, C10, C16, C19, C20, C22, C24, C26, or C31, you may be eligible for an automatic extension of your EAD. Full details and an eligibility calculator are at uscis.gov/eadautoextend.

You qualify for an automatic extension if: (1) the category on your current EAD matches the "Class Requested" listed on this notice, * and (2) the "Received Date" on this notice is before the "Card Expires" date on your EAD.

*If you filed under the A12 or C19 classifications, you qualify for an automatic extension if: (1) this notice and your expired EAD contain either A12 or C19 (they do not need to match); and (2) you filed your renewal Form I-765 during the TPS re-registration period indicated in the applicable Federal Register notice for your country found at uscis.gov/humanitarian/temporary-protected-status.

If you are eligible for an automatic extension of your EAD, you can show this notice with your expired EAD to your employer for employment eligibility verification (Form I-9) purposes. The automatic extension is for up to 540 days from the expiration date printed on the front of your EAD. If we deny your renewal application, the automatic extension ends immediately, and you can no longer use this notice for Form I-9 purposes. If your EAD is also your Advance Parole document, the automatic extension does not apply to Advance Parole. This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this application is still pending.

USCIS Office Address:

Department of Homeland Security
Vermont Service Center
38 River Road
Essex Junction, VT 05479-0001

USCIS Contact Center Number:



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Temporary Protected Status - Employment Authorized

A non national of the U.S. who has been granted Temporary Protected Status (TPS) for a specified period of time designated by the Dept. of Homeland Security. TPS beneficiaries are employment authorized incident to status. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: SLV EL SALVADOR
Employment Authorization Document (EAD) Expiration Date: 09/09/2026
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: a [REDACTED] c [REDACTED] a [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Lawful Permanent Resident - Employment Authorized

The applicant is a non national of the U.S. who has been granted authorization to live and work in the United States permanently as an immigrant. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Class of Admission (COA) Code: [REDACTED]
Country of Birth: HND - HONDURAS
Date Admitted To: INDEFINITE

Agency Submitted Details

Full Name: a [REDACTED] s [REDACTED] v [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]



FORM 1789
Rev. (03-2010)

[Redacted]

[Redacted]

Two stars

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

93 If found, drop in any US Mailbox. USPS: Mail to USCIS, 7 Product Way, Lees Summit, MO 64002

[Redacted]

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

St. [REDACTED] V [REDACTED]
Origin [REDACTED]
A [REDACTED]
USCIS [REDACTED] Category Card# [REDACTED]

Country of Birth
Honduras
Terms and Conditions [REDACTED]

Date of Birth [REDACTED] Sex [REDACTED]

Valid From [REDACTED]
Card Expires 05/14/21

NOT VALID FOR REENTRY TO U.S.

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-19-25 TIME: 15:19

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD # NONE ISSUED

NAME: S V, A BIRTHDATE:

OTHER NAMES ON FILE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25:

OTHER ADDRESS AS OF 01-14-15:

PHYSICAL DESCRIPTION

SEX HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 06-01-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:
EXPIRES: NO DATE UPDATED: 06-01-23

RESIDENCY VERIFICATION:

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

SSN VERIFICATION CODE: [REDACTED] - VERIFIED BY SSA UPDATED: [REDACTED]

MEDICAL EXPIRES: [REDACTED]

[REDACTED]

***** END OF RECORD *****

Search Cases

Search (Case Number, Applicant Last Name, or Applicant Enumerator)

Case Status

- Select -

Creation Date

Past year

Created By - Group

- Select -

Created By - User

- Select -

Sort By

Last Modified

No Cases

Rows Per Page 20

Go to page

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**U.S. Citizenship
and Immigration
Services**

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 13:41

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

ROUTE CODE: DATE:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE #

IDENTIFICATION CARD # NONE ISSUED

NAME: S

BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-27-25:

OTHER ADDRESS AS OF 12-07-21:

PHYSICAL DESCRIPTION

SEX:

HAIR:

EYES:

HEIGHT:

WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-27-25 MAILED: 07-11-25 EXPIRES: 03-14-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:

EXPIRES: NO DATE

UPDATED: 05-17-24

RESIDENCY VERIFICATION:

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: - VERIFIED BY SSA UPDATED:

EMPLOYMENT AUTHORIZATION

47

Surname

S

Given Name

E

Place of Birth

Calcutta, India

Country of Birth

India

Terms and Conditions

Passport

Date of Birth

Sex

Valid From

Card Expires

09/20/21

NOT VALID FOR REENTRY TO U.S.

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE [REDACTED]		NOTICE DATE [REDACTED]
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER [REDACTED]
RECEIPT NUMBER [REDACTED]	RECEIVED DATE [REDACTED]	PAGE 1 of 1
		DATE OF BIRTH [REDACTED]

[REDACTED] [REDACTED] [REDACTED] NAME AND MAILING ADDRESS	PAYMENT INFORMATION:
	Application/Petition Fee: \$410.00
	Biometrics Fee: \$85.00
	Total Amount Received: \$495.00 Total Balance Due: \$0.00

We have received your form and are currently processing the above case. If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this case is still pending. However, this Notice of Action automatically extends the validity of your Employment Authorization Document (EAD) for up to 180 days from the expiration date printed on the front of the card and can be used for employment eligibility verification (Form I-9) purposes if:

- You have timely filed to renew your current Form I-766, Employment Authorization Document (EAD);
- Your EAD renewal is under a category that is eligible for an automatic 180-day extension (see uscis.gov/i-765 for a list of categories);
- The category on your current EAD matches the "Class Requested" listed on this notice (if you are a TPS beneficiary or applicant, your EAD and this notice must contain either the A12 or C19 category, but they do not need to match each other); and
- You do not receive your renewal EAD before your current EAD expires.

If we deny your renewal application, the automatic extension immediately ends and cannot be used for Form I-9 purposes. If your EAD is a combo card, the automatic extension does not apply to advance parole.

You may be a member of the class action, *Rosario v. USCIS*, Case No. C15-0813JLR, if USCIS does not adjudicate within 30 days your initial (first) Form I-765, *Application for Employment Authorization*, based on your pending asylum application, AND:

- You are a member of either CASA de Maryland (CASA) or the Asylum Seeker Advocacy Project (ASAP) and are entitled to limited relief under the injunction in *CASA de Maryland Inc. et al. v. Chad Wolf et al.*; or
- You filed your Form I-765 before Aug. 21, 2020, and it has not yet been adjudicated.

Please see the uscis.gov/rosario webpage for further information about the *Rosario* class action and how to investigate the status of your employment authorization application.

USCIS Office Address: Potomac Service Center U.S. Citizenship and Immigration Services 2200 Potomac Center Drive Stop 2425 Arlington, VA 20598-2425	USCIS Contact Center Number: (800)375-5283 [REDACTED]
--	--

Case Result | Case Status: Status Returned

SAVE

SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Temporary Employment Authorized

Certain non-nationals of the United States may apply for employment authorization while they are in a period of authorized stay in the U.S. A SAVE response of "Temporary Employment Authorized" indicates that the applicant belongs to one of these categories and has been verified by the electronic system with an Employment Authorization Document (EAD) that has been found to be valid. The category code found on the face of the EAD card indicates the basis for the employment authorization. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case
Verification
Number: [REDACTED]
Country of
Birth: IND-INDIA
EADS
Expiration
Date: 03/19/2022
Provision of
Law Code: [REDACTED]

Agency Submitted Details

Full Name: B [REDACTED] S [REDACTED]
Date of Birth: [REDACTED]
Alien
Number: [REDACTED]
Card Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of
Contact
Name: [REDACTED]
Point of
Contact
Phone
Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I-589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: IND - INDIA
Employment Authorization Document (EAD) Expiration Date: 01/10/2030
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 16:25

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE IDENTIFICATION CARD # NONE ISSUED

NAME: C , C BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-04-25:

OTHER ADDRESS AS OF 03-21-25:

PHYSICAL DESCRIPTION

SEX: HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS:

DRIVER LICENSE ISSUED: 06-04-25 MAILED: 06-17-25 EXPIRES: 03-22-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:
EXPIRES: NO DATE UPDATED: 04-21-25

RESIDENCY VERIFICATION:

ENDORSEMENTS: NONE

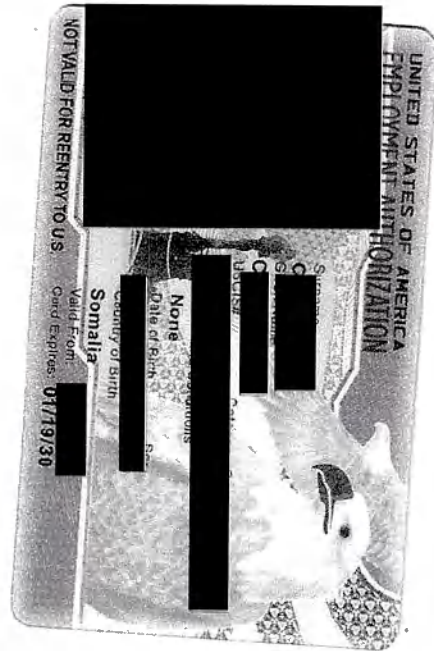
SSN VERIFICATION CODE: - VERIFIED BY SSA UPDATED:

Buick

MEDICAL EXPIRES: [REDACTED]

[REDACTED]

***** END OF RECORD *****





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: SOM SOMALIA
Employment Authorization Document (EAD) Expiration Date: 01/19/2030
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification**Number:****Country of Birth:** SOM SOMALIA

Agency Submitted Details

Full Name: C [REDACTED] D [REDACTED]**Date of Birth:** [REDACTED]**Alien Number:** [REDACTED]**Card Number / I-797 Receipt Number:** [REDACTED]**User Field:** [REDACTED]**Initiated On:** [REDACTED]**Initiated By:** [REDACTED]**Point of Contact Name:** [REDACTED]**Point of Contact Phone Number:** [REDACTED]**Requested Benefits:** [REDACTED]**Attached Document:** [REDACTED]

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[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



**U.S. Citizenship
and Immigration
Services**

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

[REDACTED]

Surname
C [REDACTED] S [REDACTED]

Given Name
C [REDACTED]

USCIS# [REDACTED] Category Code# [REDACTED]

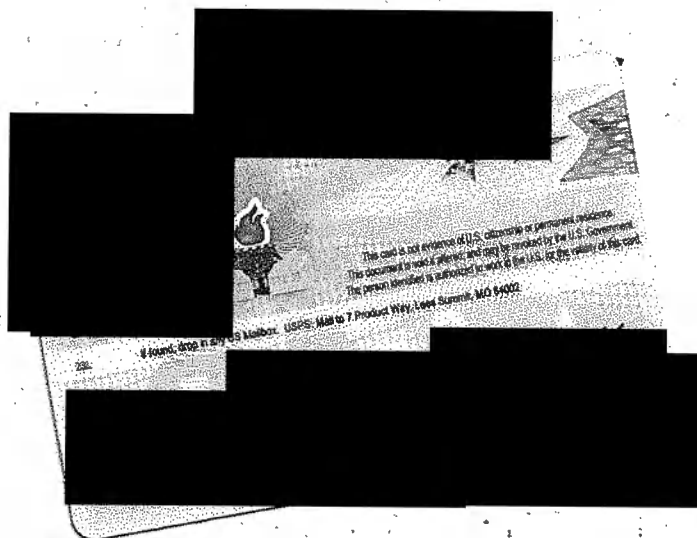
Terms and Conditions
None

Date of Birth [REDACTED] Sex [REDACTED]

Country of Birth
Mexico

Valid From [REDACTED]

NOT VALID FOR REENTRY TO U.S. Card Expires: 08/18/28



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 10:55

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD # NONE ISSUED

NAME: C S C BIRTHDATE:

OTHER NAMES ON FILE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-06-25:

PHYSICAL DESCRIPTION

SEX HAIR: EYES: HEIGHT WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-06-25 MAILED: 06-19-25 EXPIRES: 08-18-28
REMAILED: NO DATE CLASS: A COMMERCIALORGAN DONOR/VETERAN: UPDATED:
LIMITED TERM-FEE DUE: 02-19-31BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:
INS DOCUMENT NUMBER:
EXPIRES: 08-18-28 UPDATED: 12-26-24

RESIDENCY VERIFICATION:

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: - VERIFIED BY SSA UPDATED:

[REDACTED]

[REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Deferred Action - Temporary Employment Authorized

SAVE Response Details

Case Verification
Number: [REDACTED]
Employment
Authorization
Document (EAD)
Expiration Date: 08/18/2028
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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**U.S. Citizenship
and Immigration
Services**

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 14:28

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: J2 OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE

IDENTIFICATION CARD # NONE ISSUED

NAME: P

BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-30-25:

COUNTY:

PHYSICAL DESCRIPTION

SEX:

HAIR:

EYES:

HEIGHT:

WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 29-MAY NOT TRANSPORT STUDENT PASSENGERS WITHOUT
VALID SCHOOL BUS CERTIFICATE

42-M-MAY NOT OPERATE CLASS A PASSENGER VEHICLES

64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-30-25 MAILED: 07-11-25 EXPIRES: 01-10-2
REMAILED: NO DATE CLASS: B COMMERCIALORGAN DONOR/VETERAN: UPDATED: 06-30-25
LIMITED TERM-FEE DUE: 03-08-29

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: VV

INS DOCUMENT NUMBER:

EXPIRES:

UPDATED:

RESIDENCY VERIFICATION

ENDORSEMENTS: P (PV) PASSENGER TRANSPORTATION
S (SB) SCHOOL BUS

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE March 12, 2025
CASE TYPE I-765 Application for Employment Authorization		USCIS ALIEN NUMBER [REDACTED]
RECEIVED DATE March 07, 2025	1 of 1 DATE OF BIRTH [REDACTED]	
NAME AND MAILING ADDRESS [REDACTED]		PAYMENT INFORMATION: Application/Petition Fee: \$520.00 Total Amount Received: \$520.00 Total Balance Due: \$0.00
Eligibility Category [REDACTED]		

We have received your form and are currently processing it. We will notify you separately about any other form you filed. If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment. If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

If you filed to renew your Employment Authorization Document (EAD) under category A03, A05, A07, A08, A10, A12, A17, A18, C08, C09, C10, C16, C19, C20, C22, C24, C26, or C31, you may be eligible for an automatic extension of your EAD. Full details and an eligibility calculator are at uscis.gov/eadautoextend.

You qualify for an automatic extension if: (1) the category on your current EAD matches the "Class Requested" listed on this notice, * and (2) the "Received Date" on this notice is before the "Card Expires" date on your EAD.

*If you filed under the A12 or C19 classifications, you qualify for an automatic extension if: (1) this notice and your expired EAD contain either A12 or C19 (they do not need to match); and (2) you filed your renewal Form I-765 during the TPS re-registration period indicated in the applicable Federal Register notice for your country found at uscis.gov/humanitarian/temporary-protected-status.

If you are eligible for an automatic extension of your EAD, you can show this notice with your expired EAD to your employer for employment eligibility verification (Form I-9) purposes. The automatic extension is for up to 540 days from the expiration date printed on the front of your EAD. If we deny your renewal application, the automatic extension ends immediately, and you can no longer use this notice for Form I-9 purposes. If your EAD is also your Advance Parole document, the automatic extension does not apply to Advance Parole. This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this application is still pending.

If you applied for an initial (first) employment authorization based on a pending asylum application and USCIS does not adjudicate your application within 30 days, you may be a member of the class action. *Rosario v. USCIS*, 365 F.Supp.3d 1156 (W.D. Wash. 2018). Please see the uscis.gov/rosario webpage for further information about this class action case, and how to inquire about the status of your employment authorization application.

USCIS Office Address:

USCIS Contact Center Number:

(800)375-5283

ATTORNEY COPY





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I-589 application for asylum, but a decision on the application has not yet been made.

This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: NIC - NICARAGUA
Employment
Authorization
Document (EAD)
Expiration Date: 07/30/2025
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797
Receipt Number: [REDACTED]
User Field: [REDACTED]
Initiated On: 06/30/2025
Initiated By: [REDACTED]
Point of Contact Name: DMV
Point of Contact Phone
Number: [REDACTED]
Requested Benefits: State ID Card
Attached Document: No



C P S

DRIVER LICENSE ISSUED: 06-30-25 MAILED: 07-11-25 EXPIRES: 01-10-27
REMAILED: NO DATE CLASS: B COMMERCIAL

ORGAN DONOR/VETERAN: _____ UPDATED: 06-30-25
LIMITED TERM-FEE DUE: 03-08-29

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: _____
INS DOCUMENT NUMBER: _____
EXPIRES: 01-10-27 UPDATED: 05-07-25



Case Closed | Case Status | Case Closed



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I-589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: NIC - NICARAGUA
Employment
Authorization
Document (EAD)
Expiration Date: 07/10/2025
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: C [REDACTED] F [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: 06/30/2025
Initiated By: [REDACTED]
Point of Contact
Name: DMV
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: State ID Card
Attached
Document: No

Depends entirely on requirements set by us
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt	NOTICE DATE March 17, 2015						
CASE TYPE I-765, Application for Employment Authorization	RECEIVED DATE March 07, 2015						
RECEIPT NUMBER [REDACTED]	PAGE OF NOTICE 1 of 1						
PAYMENT INFORMATION <table> <tr> <td>Application/Petition Fee</td> <td>\$120.00</td> </tr> <tr> <td>Total Amount Received</td> <td>\$120.00</td> </tr> <tr> <td>Total Balance Due</td> <td>\$0.00</td> </tr> </table>		Application/Petition Fee	\$120.00	Total Amount Received	\$120.00	Total Balance Due	\$0.00
Application/Petition Fee	\$120.00						
Total Amount Received	\$120.00						
Total Balance Due	\$0.00						
NAME AND MAILING ADDRESS [REDACTED]							
Eligibility Category: [REDACTED]							
We have received your form and are currently processing it. We will notify you separately about any other form you filed. If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment. If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish. If you filed to renew your Employment Authorization Document (EAD) under category A01, A05, A07, A08, A10, A12, A17, A18, C08, C09, C10, C16, C19, C20, C22, C24, C26, or C31, you may be eligible for an automatic extension of your EAD. Full details and an eligibility calculator are at uscis.gov/eadautoextend. You qualify for an automatic extension if: (1) the category on your current EAD matches the "Class Requested" listed on this notice, and (2) the "Received Date" on this notice is before the "Card Expires" date on your EAD. *If you filed under the A12 or C19 classifications, you qualify for an automatic extension if: (1) this notice and your expired EAD contain either A12 or C19 (they do not need to match); and (2) you filed your renewal Form I-765 during the TPS re-registration period indicated in the applicable Federal Register notice for your country found at uscis.gov/humanitarian/temporary-protected-status. If you are eligible for an automatic extension of your EAD, you can show this notice with your expired EAD to your employer for employment eligibility verification (Form I-9) purposes. The automatic extension is for up to 340 days from the expiration date printed on the front of your EAD. If we deny your renewal application, the automatic extension ends immediately, and you can no longer use this notice for Form I-9 purposes. If your EAD is also your Advance Parole document, the automatic extension does not apply to Advance Parole. This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this application is still pending. If you applied for an initial (first) employment authorization based on a pending asylum application and USCIS does not adjudicate your application within 30 days, you may be a member of the class action <i>Rosario v. I.S.C.</i>, 365 F. Supp. 3d 1156 (W.D. Wash. 2018). Please see the uscis.gov/rosario webpage for further information about this class action case, and how to inquire about the status of your employment authorization application.							
USCIS Office Address: [REDACTED]	USCIS Contact Center Number: (800)375-5283						

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

Form I-797C 10-13-21



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Case Under Review

This case is under review by the Status Verification Office (SVO). This does not mean the applicant isn't entitled to benefits, but further research is being conducted. Processing time for each step of additional verification may vary. Please check www.USCIS.gov/SAVE for the current processing time.

SAVE Response Details

Case Verification
Number: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Special Comments: [REDACTED]
Initiated On: 08/15/2025
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: State ID Card, Driver License
Attached Document: No





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending

Employment Eligibility: Employment Authorized - Temporary Employment Authorized
A non-national of the U.S. that has filed an application with USCIS for an extension, change or adjustment of status or to obtain employment authorization, but a decision has not yet been made. The applicant is temporarily authorized to work in the U.S. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Employment Authorization Expiration Date: 01/01/2027
Pending Applications: I-589, I-765
DHS Comments: Employment Authorization extended until 01/01/2027
Response Date: 08/19/2025

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Special Comments: [REDACTED]
Initiated On: 08/15/2025
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: State ID Card, Driver License
Attached Document: No

HQ Inquiry >> Collect DL Data >> Process Payment >> Review Documents

NAME: C Y

BIRTHDATE:

AKAS:

INS#:

NAME: C Y

BIRTHDATE:

COUNTRY:

ENTRY DATE:

DOC EXP DATE: 01222023

DESIGNATE:

CASE #:

USER ID:

PASSWORD:

ENTER

CANCEL

RESTART

FALLBACK

LegalPresenceInquiryResponse



For: C [REDACTED] Y [REDACTED]



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number [REDACTED]

Most Recent Date of Entry: [REDACTED]

Class of Admission : [REDACTED]

Admit Until Date : 01/22/2023

Details provided on the I-94 Information form:

Last/Surname : Y [REDACTED]

First (Given) Name : C [REDACTED]

Birth Date : [REDACTED]

Document Number : [REDACTED]

Country of Citizenship : China

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 08/31/2022

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

The Ministry of Foreign Affairs
the People's Republic of China
requests all civil and military
authorities of foreign countries
allow the bearer of this passport
pass freely and afford assistance
in case of need.

PEOPLE'S REPUBLIC OF CHINA

PASSPORT

姓名/Name: [REDACTED]

性别/Sex: [REDACTED]

国籍/Nationality: 中国/CHINESE

出生地/Place of birth: [REDACTED]

签发地点/Place of issue: [REDACTED]

签发日期/Date of issue: 25 6月/JUN 2029

有效期至/Date of expiry: [REDACTED]

签发机关/Authority: [REDACTED]

护照号码/Passport No.: [REDACTED]

国家代码/Country Code: CHN

持有人签名/Bearer's signature: [REDACTED]

National Immigration Administration, PRC

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

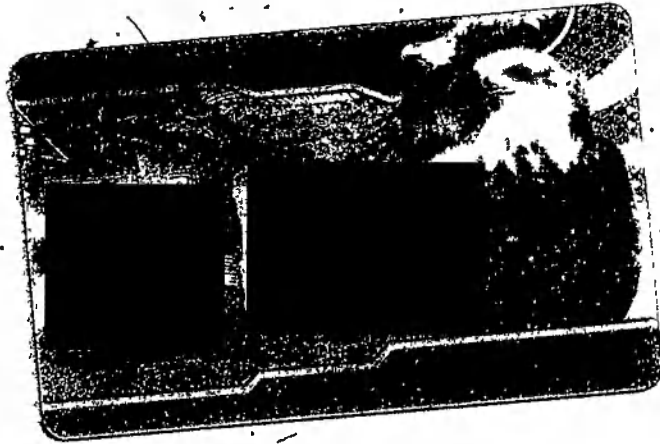
VISA **UNITED STATES OF AMERICA**

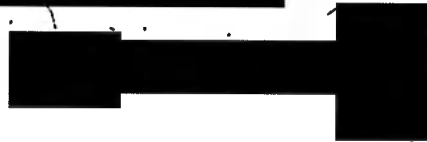
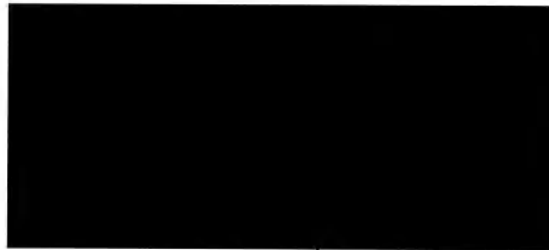
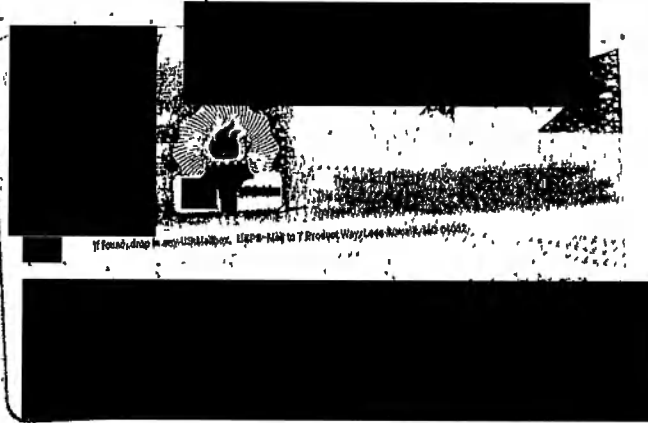
[REDACTED]

Issuing Post Name	[REDACTED]	Control Number	[REDACTED]
Surname	[REDACTED]		
Given Name	[REDACTED]	Visa Type / Class	[REDACTED]
Passport Number	[REDACTED]	Birth Date	[REDACTED]
Entries	[REDACTED]	Nationality	CHIN
Annotation	[REDACTED]	Issue Date	[REDACTED]
		Expiration Date	07 JUL 2032

[REDACTED]

[REDACTED]







STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 14:01

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: Y [REDACTED] C [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-23-25: [REDACTED]

OTHER ADDRESS AS OF 05-16-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-23-25 MAILED: 07-03-25 EXPIRES: 09-01-28
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 01-29-30 UPDATED: 05-16-24

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

SSN VERIFICATION CODE: [REDACTED] - VERIFIED BY SSA UPDATED: [REDACTED]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Class of Admission (COA) Code: [REDACTED]
Country of Birth: CHN - CHINA
Employment Authorization Document (EAD) Expiration Date: 07/09/2025
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 14:10

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: A [REDACTED] H [REDACTED] D [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-30-25: [REDACTED]

OTHER ADDRESS AS OF 08-19-20: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-30-25 MAILED: 07-11-25 EXPIRES: 08-28-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]

EXPIRES: 12-03-28 UPDATED: 06-30-25

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED]

MEDICAL EXPIRES: [REDACTED]

HQ Inquiry >> Collect DL Data >> Process Payment >> Review Documents

LEGAL PRESENCE INQUIRY RESPONSE

NAME: D [REDACTED] A [REDACTED] HI [REDACTED]
BIRTHDATE: [REDACTED]
AKAS: [REDACTED]
INS#: [REDACTED]
NAME: D [REDACTED] A [REDACTED] HI [REDACTED]
BIRTHDATE: [REDACTED]
COUNTRY: MEX

ENTRY DATE:

DESIGNATE: [REDACTED]

USER ID:

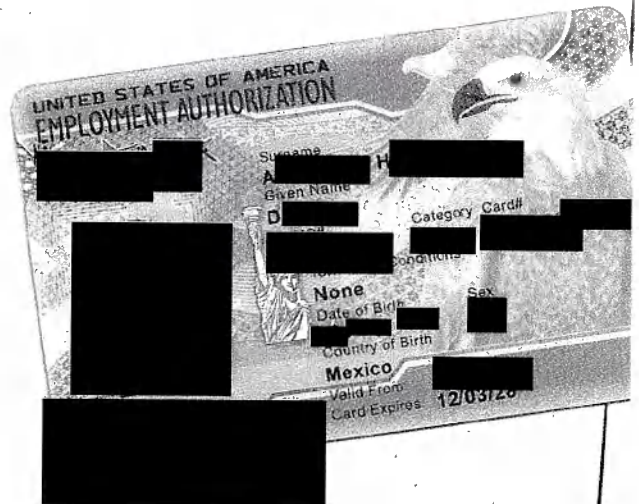
DOC EXP DATE: 12032028

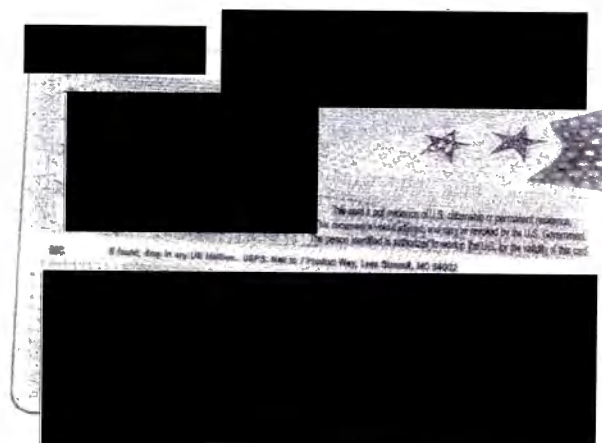
CASE #: [REDACTED]

PASSWORD: [REDACTED]

ADMITTED TO TEXT:

ENTER CANCEL RESTART FALLBACK







SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Temporary Employment Authorized

Certain non-nationals of the United States may apply for employment authorization while they are in a period of authorized stay in the U.S. A SAVE response of "Temporary Employment Authorized" indicates that the applicant belongs to one of these categories and has been verified by the electronic system with an Employment Authorization Document (EAD) that has been found to be valid. The category code found on the face of the EAD card indicates the basis for the employment authorization. See the [Guidelines Regarding SAVE Eligibility Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: MEX - MEXICO
Employment Authorization Document (EAD) Expiration Date: 12/03/2028
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Institute Additional Verification

SAVE was unable to verify the applicant's status on electronic initial verification. There may have been an issue electronically locating the records or additional verification may be required due to conflicting data or the nature of the applicant's status. This is not a final response and should not be used to determine benefit eligibility. Please Institute Additional Verification so SAVE can conduct more research and return the correct status.

SAVE Response Details

Case Verification
Number: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 16:22

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD # NONE ISSUED

NAME: BIRTHDATE:

OTHER NAMES ON FILE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-12-25:

PHYSICAL DESCRIPTION

SEX: HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 01-MUST WEAR CORRECTIVE LENSES WHEN DRIVING

46-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
COMMERCIALLYDRIVER LICENSE ISSUED: 06-12-25 MAILED: 06-24-25 EXPIRES: 08-02-29
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED: 06-12-25

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:

EXPIRES: 10-17-29

UPDATED:

RESIDENCY VERIFICATION:

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

[REDACTED]
SSN VERIFICATION CODE: [REDACTED]

MEDICAL EXPIRES: [REDACTED]

[REDACTED]

***** END OF RECORD *****





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 10/17/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: D [REDACTED] E [REDACTED] D [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
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Services

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

337

NOT VALID FOR REENTRY TO U.S.

Valid From: 02/03/30
Card Expires: 02/03/30

Country of Birth: Russia

Category Card#

Terms and Conditions: None

Date of Birth: Sex:

Surname: ID: Given Name: D: USCIS#

[REDACTED]

[REDACTED]

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-19-25 TIME: 14:26

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD # NONE ISSUED

NAME: , BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-10-25:

OTHER ADDRESS AS OF 01-17-23:

PHYSICAL DESCRIPTION

SEX: HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-10-25 MAILED: 06-20-25 EXPIRES: 02-10-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED: 06-10-25

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:

EXPIRES: 02-03-30

UPDATED:

RESIDENCY VERIFICATION:

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: - VERIFIED BY SSA UPDATED:

MEDICAL EXPIRES:

***** END OF RECORD *****

Search Cases

Search (Case Number, Applicant Last Name, or Applicant Enumerator)



Case Status

- Select -

Creation Date

Past year

Created By - Group

- Select -

Created By - User

- Select -

Sort By

Last Modified

No Cases

Rows Per Page 20

Go to page

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: RUS RUSSIAN FEDERATION
Employment
Authorization
Document (EAD)
Expiration Date: 02/03/2030
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname

M

Given Name

D

USCIS#

Category Card#

Terms and Conditions

None

Date of Birth

Sex

Country of Birth

Kazakhstan

Valid From

Card Expires 07/09/29

NOT VALID FOR REENTRY TO U.S.



This is not evidence of U.S. citizenship or permanent residence.
This document is not a passport, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

22C If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 16:40

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE [REDACTED]

IDENTIFICATION CARD # [REDACTED]

NAME: M [REDACTED], D [REDACTED]

BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-19-25: [REDACTED]

OTHER ADDRESS AS OF 06-05-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED]

HAIR: [REDACTED]

EYES: [REDACTED]

HEIGHT: [REDACTED]

WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-19-25 MAILED: 07-02-25 EXPIRES: 04-15-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED]

UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]

EXPIRES: 07-09-29

UPDATED: 06-19-25

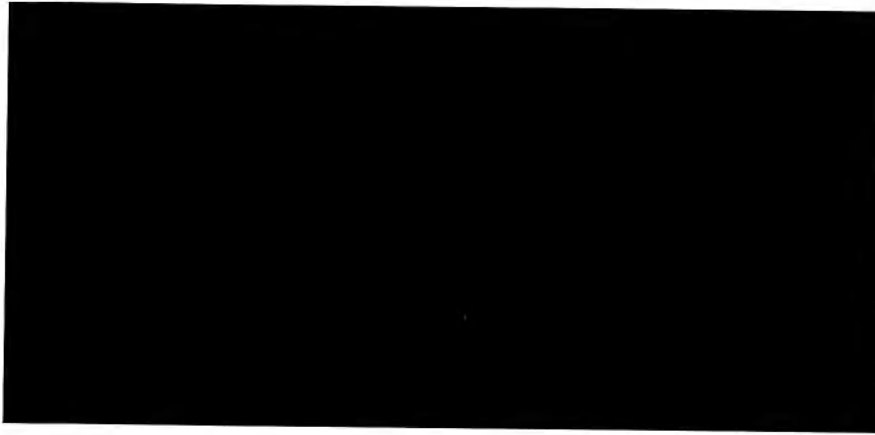
RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED]

██████
MEDICAL EXPIRES: ██████

MEDICAL CERTIFICATE ISSUE DATE: ██████ EXPIRATION DATE: ██████



***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: AO
Country of Birth: KAZ - KAZAKHSTAN
Employment
Authorization
Document (EAD)
Expiration Date: 07/09/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: D [REDACTED] M [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 16:30

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED]

IDENTIFICATION CARD # [REDACTED]

NAME: B [REDACTED], E [REDACTED] E [REDACTED]

BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-11-25: [REDACTED]

RESIDENCE ADDRESS

:

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-11-25 MAILED: 06-20-25 EXPIRES: 07-22-29
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: 03-26-25

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: N (TV) TANK VEHICLE

SSN VERIFICATION CODE: [REDACTED] - VERIFIED BY SSA UPDATED: [REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

[REDACTED]

Surname: B [REDACTED]
Given Name: E [REDACTED]
USCIS# [REDACTED] Category Card# [REDACTED]
Terms and Conditions: None
Date of Birth: [REDACTED] Sex: [REDACTED]
Country of Birth: San Marino
Valid From: [REDACTED]
Card Expires: 03/10/20

SERVES AS 1-512 ADVANCE PAROLE

FD-36 (Rev. 12-13-61)

141C. If found, drop in my US Mailbox. USPS Mail to 7 Product Way, Lees Summit, MO 64002

DL/ID number



Driver License & ID Card Application



DMV use only

BD/LP Code

Doc Type

Doc Num:

State:

Verify Document

Primary

Secondary:

Verify Re

Primary:

Secondary:

HQ Inquiry >> Collect DL Data >> Process Payment >> Review Documents

NAME: E [REDACTED] B [REDACTED] E [REDACTED]
BIRTHDATE: [REDACTED]
AKAS: [REDACTED]

INS#: [REDACTED]
NAME: [REDACTED]
BIRTHDATE: [REDACTED]
COUNTRY: [REDACTED]

ENTRY DATE:

DOC EXP DATE: 03132029

ADMITTED TO TEXT:

DESIGNATE:

CASE #: [REDACTED]

USER ID:

PASSWORD:

ENTER

CANCEL

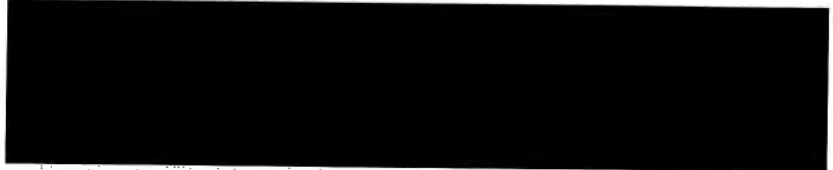
RESTART

FALLBACK



RECEIVED BY: [REDACTED]
DATE: 7/13/09
TIME: 10:10 AM
BY: [REDACTED]

LegalPresenceInquiryResponse





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (adj of Status) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 485 application to adjust status to lawful permanent resident, but a decision on the application has not yet been made. This response also indicates SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: SMR SAN MARINO
Employment
Authorization
Document (EAD)
Expiration Date: 03/13/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-26-25 TIME: 10:05

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: [REDACTED]*
[REDACTED]*

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 07-25-25: [REDACTED]

OTHER ADDRESS AS OF 06-02-25: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 06-25-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

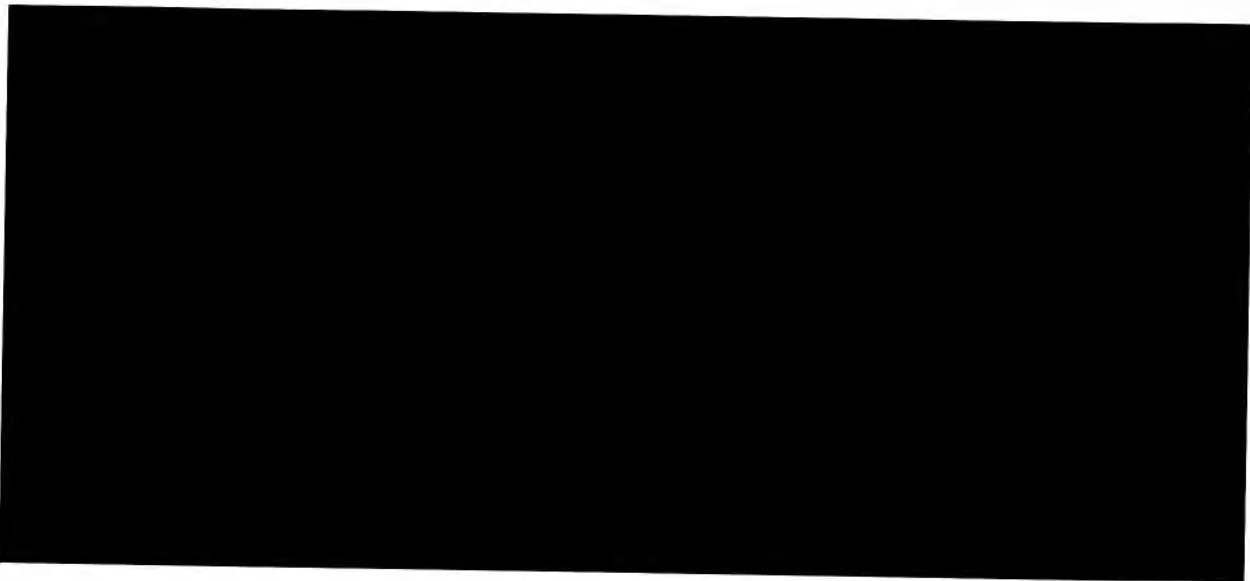
INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: 06-02-25

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES

Buick

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]



RENEWAL-BY-MAIL INFORMATION:
FIRST RENEWAL-BY-MAIL ISSUED.

***** END OF RECORD *****

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE [REDACTED]		NOTICE DATE November 09, 2023	
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER [REDACTED]	
RECEIPT NUMBER [REDACTED]	RECEIVED DATE [REDACTED]	PAGE 1 of 1	
		DATE OF BIRTH [REDACTED]	

[REDACTED]	PAYMENT INFORMATION:	
	Application/Petition Fee:	\$410.00
	Total Amount Received:	\$410.00
	Total Balance Due:	\$0.00

NAME AND MAILING ADDRESS
[REDACTED]

We have received your form and are currently processing the above case. We will notify you separately about any other case you filed. If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment. If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

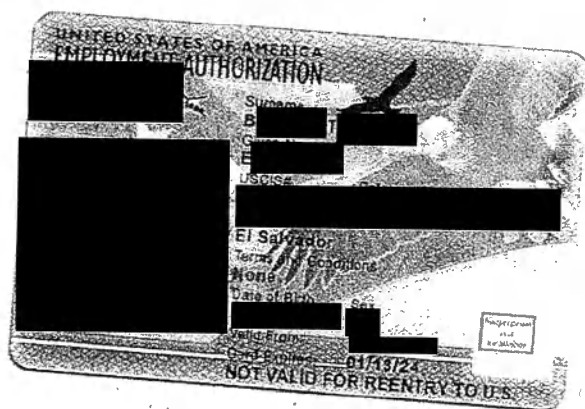
This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this case is still pending. However, if you are eligible, you may use this notice in conjunction with your facially expired Form I-766, Employment Authorization Document (EAD), as proof of an automatic extension of employment authorization and/or EAD, as applicable.

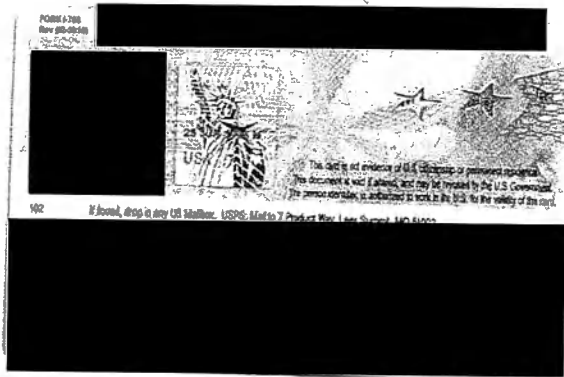
You are eligible for an automatic extension of your employment authorization and/or EAD if: (1) You have timely and properly filed to renew your current employment authorization and/or EAD; (2) Your EAD renewal request is under a category that is eligible for an automatic extension (see uscis.gov/eadautoextend for a list of eligible categories); (3) The category on your current EAD matches the "Class Requested" listed on this notice (If you are a Temporary Protected Status (TPS) beneficiary or applicant, your EAD and this notice must contain either the A12 or C19 category, but they do not need to match each other); and (4) Your EAD renewal application is still pending with USCIS when your current EAD expires.

If eligible, you may present this notice to an employer with your expired EAD (and Form I-94, Arrival/Departure Record, if applicable) for employment eligibility verification (Form I-9) purposes. If eligible, your automatic extension is for up to 180 days from the expiration date printed on the front of your EAD. If we deny your EAD renewal application, the automatic extension immediately ends, and you can no longer present this notice to your employer for Form I-9 purposes. If your EAD is also your Advance Parole document, the automatic extension does not apply to advance parole.

If you applied for an initial (first) employment authorization based on a pending asylum application and USCIS does not adjudicate your application within 30 days, you may be a member of the class action. *Rosario v. USCIS*, 365 F.Supp.3d 1156 (W.D. Wash. 2018). Please see the uscis.gov/rosario webpage for further information about this class action case, and how to inquire about the status of your employment authorization application.

USCIS Office Address: Potomac Service Center U.S. Citizenship and Immigration Services 2200 Potomac Center Drive Stop 2425 Arlington, VA 20598-2425	USCIS Contact Center Number: (800)375-5283 [REDACTED]
--	--







SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: SLV EL SALVADOR
Employment
Authorization
Document (EAD)
Expiration Date: 12/15/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: E [REDACTED] B [REDACTED] T [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-26-25 TIME: 10:27

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: D [REDACTED] E [REDACTED], E [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25: [REDACTED]

OTHER ADDRESS AS OF 08-09-23: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: [REDACTED]

DRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 05-18-27
REMAILED: NO DATE CLASS: A COMMERCIALORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]
LIMITED TERM-FEE DUE: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]

EXPIRES: [REDACTED] UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES

[REDACTED]

[REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

[REDACTED]

Surname
D [REDACTED] P [REDACTED]
Birth Date
E [REDACTED]
SC/ST Category Code
[REDACTED] [REDACTED]
Country of Birth
Mexico
Terms and Conditions
[REDACTED]
Date of Birth Sex
[REDACTED] [REDACTED]
Card Expires 08/04/25
NOT VALID FOR REENTRY TO U.S.

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-26-25 TIME: 09:37

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: J2 OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: M [REDACTED], E [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: R [REDACTED], E [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25:

OTHER ADDRESS AS OF 07-29-20:

PHYSICAL DESCRIPTION

SEX [REDACTED] HAIR [REDACTED] EYES [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 06-02-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: 07-29-20

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

Buick

SSN VERIFICATION CODE:

[REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA		EMPLOYMENT AUTHORIZATION CARD	
Surname		M [REDACTED]	
Given Name		E [REDACTED]	
U.S. ID#		Category	
Country of Birth		Mexico	
Terms and Conditions		None	
Date of Birth		Sex	
Valid From:		07/25/13	
Card Expires:		07/24/15	
NOT VALID FOR REENTRY TO U.S.			



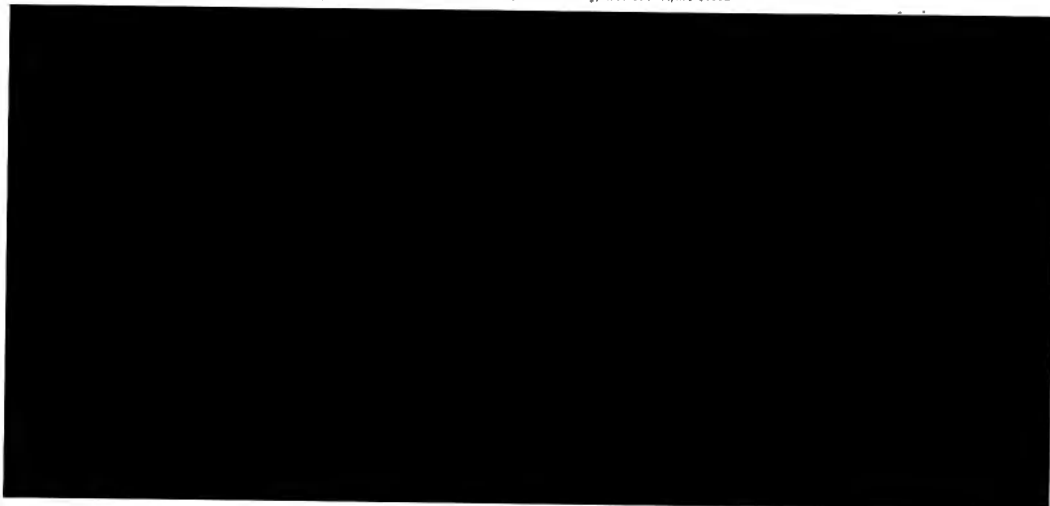
U.S. Citizenship and Immigration Services

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

FORM I-768 Rev. (10-2014)

83

If found, drop in any US Mailbox. USPS: Mail to USCIS, 7 Product Way, Lees Summit, MO 64002



UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

Surname

M

R

Given Name

E

USCIS #

Category

Card #

Country of Birth

Mexico

Terms and Conditions

1. On

2. At Birth

3. Se

Valid From

09/08/17

Card Expires

09/07/19

NOT VALID FOR REENTRY TO U.S.



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: DACA - Temporary Employment Authorized

A non-national of the U.S. who has been granted administrative relief under the Deferred Action for Childhood Arrivals (DACA) program. Relief is granted for a specific period of time and during that period, the applicant is employment authorized if he or she has a valid employment authorization document. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX - MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 07/21/2027
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: State ID Card, Driver License
Attached
Document: No

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA - Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: 09:18

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: L [REDACTED] D [REDACTED], F [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 07-21-25: [REDACTED] S

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: [REDACTED]

[REDACTED]

DRIVER LICENSE ISSUED: 07-21-25 MAILED: 08-01-25 EXPIRES: 06-29-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: 02-12-25

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES

SSN VERIFICATION CODE: [REDACTED] VERIFIED BY SSA UPDATED: [REDACTED]

[REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

[REDACTED]

Surname [REDACTED]
Given Name [REDACTED]
U.S. Citizen [REDACTED] Category Card A [REDACTED]
Terms and Conditions [REDACTED]
Date of Birth [REDACTED] Sex [REDACTED]
Country of Birth
Guatemala
Valid From [REDACTED]
Card Expires: 01/22/30

NOT VALID FOR REENTRY TO U.S.



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: GTM - GUATEMALA
Employment
Authorization
Document (EAD)
Expiration Date: 01/22/2030
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: GTM - GUATEMALA
Employment
Authorization
Document (EAD)
Expiration Date: 01/22/2030
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: GTM - GUATEMALA
Employment
Authorization
Document (EAD)
Expiration Date: 01/22/2030
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: F [REDACTED] L [REDACTED] D [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: GTM - GUATEMALA
Employment
Authorization
Document (EAD)
Expiration Date: 01/22/2030
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: F [REDACTED] O [REDACTED] L [REDACTED] D [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: GTM - GUATEMALA
Employment
Authorization
Document (EAD)
Expiration Date: 01/22/2030
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On:
Initiated By:
Point of Contact
Name:
Point of Contact
Phone Number:
Requested
Benefits:
Attached
Document:

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 15:27

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: O [REDACTED] C [REDACTED] G [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-10-25: [REDACTED]

OTHER ADDRESS AS OF 05-17-00: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-10-25 MAILED: 06-20-25 EXPIRES: 07-04-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 10-20-28 UPDATED: 06-10-25

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] VERIFIED BY SSA UPDATED: [REDACTED]

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 15:27

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD # NONE ISSUED

NAME: C C , G BIRTHDATE:

OTHER NAMES ON FILE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-10-25:

OTHER ADDRESS AS OF 05-17-00:

PHYSICAL DESCRIPTION

SEX: HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-10-25 MAILED: 06-20-25 EXPIRES: 07-04-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:
EXPIRES: 10-20-28 UPDATED: 06-10-25

RESIDENCY VERIFICATION:

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: VERIFIED BY SSA UPDATED:

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname
O [REDACTED] C [REDACTED]
Given Name
G [REDACTED]
USCIS# [REDACTED] Category Card# [REDACTED]
Terms and Conditions [REDACTED]
Date of Birth [REDACTED] Sex [REDACTED]
Country of Birth
Mexico
Valid From [REDACTED]
Card Expires: 10/20/28

NOT VALID FOR REENTRY TO U.S.

Case Closure Case Status: Case Closure

SAVE

SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Temporary Employment Authorized

Certain non-nationals of the United States may apply for employment authorization while they are in a period of authorized stay in the U.S. A SAVE response of "Temporary Employment Authorized" indicates that the applicant belongs to one of these categories and has been verified by the electronic system with an Employment Authorization Document (EAD) that has been found to be valid. The category code found on the face of the EAD card indicates the basis for the employment authorization. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX - MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 10/20/2028
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: G [REDACTED] O [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: 11:37

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: J2 OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: S [REDACTED] G [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25: [REDACTED]

OTHER ADDRESS AS OF 05-22-25: [REDACTED]

PHYSICAL DESCRIPTION

SEX [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 09-09-29
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: VV

INS DOCUMENT NUMBER: [REDACTED]

EXPIRES: NO DATE UPDATED: 09-13-24

RESIDENCY VERIFICATION: 2

ENDORSEMENTS: NONE

SSN VERIFICATION CODE [REDACTED]

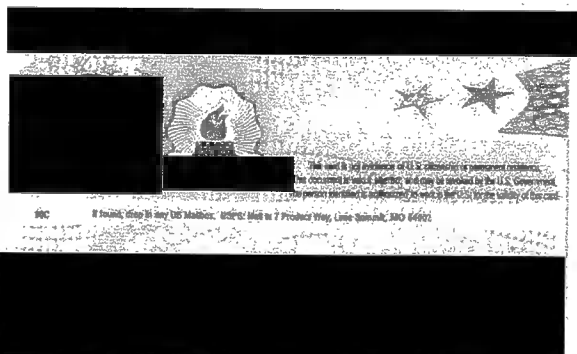
UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname: [REDACTED]
Given Name: [REDACTED]
USCIS# [REDACTED] Category: [REDACTED]

Terms and Conditions: **None**
Date of Birth: [REDACTED] Sex: [REDACTED]
Country of Birth: **India**

Valid From: **04/29/24**
Card Expires: **04/28/29**

NOT VALID FOR REENTRY TO U.S.





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I-589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: IND - INDIA
Employment
Authorization
Document (EAD)
Expiration Date: 04/28/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: G [REDACTED] S [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: 08/25/2025
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: State ID Card, Driver License
Attached
Document: No

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: M [REDACTED] R [REDACTED], I [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-23-25: [REDACTED]

OTHER ADDRESS AS OF 04-04-22: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-23-25 MAILED: 07-03-25 EXPIRES: 10-11-25
REMAILED: NO DATE CLASS: A COMMERCIALORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]
LIMITED TERM-FEE DUE: 11-23-28BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]
INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 10-11-25 UPDATED: [REDACTED]

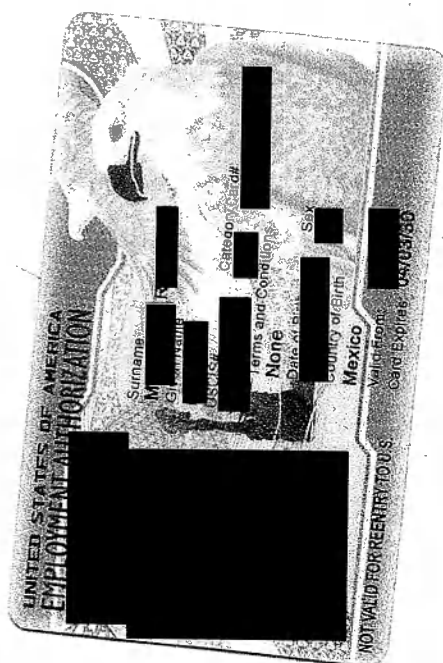
RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

[illegible]

***** END OF RECORD *****





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Non Immigrant - Temporary Employment Authorized

A non national of the U.S. who is admitted for a specific reason and for a limited period of time. The applicant is temporarily allowed to work. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: MEX - MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 10/11/2025
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED] M [REDACTED] R [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]



SAVE

SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Non Immigrant - Temporary Employment Authorized

A non national of the U.S. who is admitted for a specific reason and for a limited period of time. The applicant is temporarily allowed to work. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: MEX - MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 10/11/2025
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED] M [REDACTED] R [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

SAVE

SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Non Immigrant - Temporary Employment Authorized

A non national of the U.S. who is admitted for a specific reason and for a limited period of time. The applicant is temporarily allowed to work. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]

Class of
Admission (COA)
Code: [REDACTED]

Country of Birth: MEX - MEXICO

Employment
Authorization
Document (EAD)
Expiration Date: 10/11/2025

Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED] M [REDACTED] R [REDACTED]

Date of Birth: [REDACTED]

Alien Number: [REDACTED]

Card Number / I-
797 Receipt
Number: [REDACTED]

User Field: [REDACTED]

Initiated On: [REDACTED]

Initiated By: [REDACTED]

Point of Contact
Name: [REDACTED]

Point of Contact
Phone Number: [REDACTED]

Requested
Benefits: [REDACTED]

Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Institute Additional Verification

SAVE was unable to verify the applicant's status on electronic initial verification. There may have been an issue electronically locating the records or additional verification may be required due to conflicting data or the nature of the applicant's status. This is not a final response and should not be used to determine benefit eligibility. Please Institute Additional Verification so SAVE can conduct more research and return the correct status.

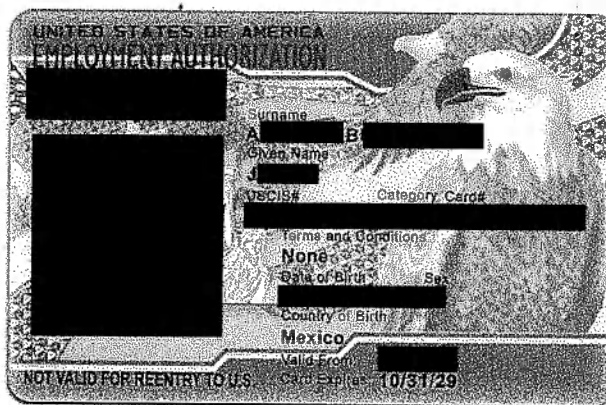
SAVE Response Details

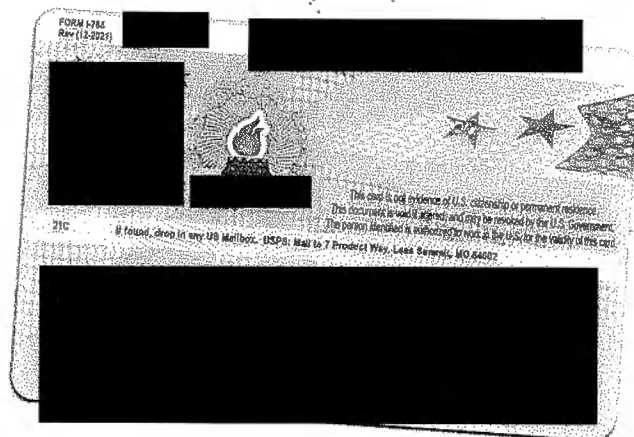
Case Verification
Number: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED] m [REDACTED] n [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]







STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: A [REDACTED] B [REDACTED], J [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25: [REDACTED]

OTHER ADDRESS AS OF 06-10-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 01-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
40-K-SELF-CERTIFICATION - CDL INTRASTATE ONLYDRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 08-01-29
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 10-31-29 UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (adj of Status) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 485 application to adjust status to lawful permanent resident, but a decision on the application has not yet been made. This response also indicates SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 10/31/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: J [REDACTED] A [REDACTED] B [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (adj of Status) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 485 application to adjust status to lawful permanent resident, but a decision on the application has not yet been made. This response also indicates SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment Authorization Document (EAD) Expiration Date: 10/31/2029
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: J [REDACTED] A [REDACTED] B [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: H [REDACTED] E [REDACTED], J [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 08-18-25: [REDACTED]

OTHER ADDRESS AS OF 06-04-25: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 01-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
46-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
COMMERCIALLYDRIVER LICENSE ISSUED: 08-18-25 MAILED: 08-29-25 EXPIRES: 02-10-31
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES

SSN VERIFICATION CODE: [REDACTED]

UPDATED: [REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

[REDACTED]

Surname
H [REDACTED] B [REDACTED]
Given Name
J [REDACTED]
MEXISA [REDACTED] Category Card# [REDACTED]

Terms and Conditions
None
Date of Birth [REDACTED] Sex [REDACTED]
Country of Birth
Mexico
Valid From [REDACTED]
Card Expires 04/23/27

NOT VALID FOR REENTRY TO U.S.



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: DACA - Temporary Employment Authorized

A non national of the U.S. who has been granted administrative relief under the Deferred Action for Childhood Arrivals (DACA) program. Relief is granted for a specific period of time and during that period, the applicant is employment authorized if he or she has a valid employment authorization document. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 04/23/2027
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: J [REDACTED] H [REDACTED] B [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: DACA - Temporary Employment Authorized

A non national of the U.S. who has been granted administrative relief under the Deferred Action for Childhood Arrivals (DACA) program. Relief is granted for a specific period of time and during that period, the applicant is employment authorized if he or she has a valid employment authorization document. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 04/23/2027
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-Ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: K [REDACTED], J [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-16-25: [REDACTED]

OTHER ADDRESS AS OF 10-06-20: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 01-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
46-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
COMMERCIALLY
64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-16-25 MAILED: 06-25-25 EXPIRES: 07-09-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

[illegible]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Non - Immigrant - Not Employment Authorized

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: KOR - KOREA, REPUBLIC OF
Employment
Authorization
Document (EAD)
Expiration Date: [REDACTED]
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: N [REDACTED] G [REDACTED], J [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-03-25: [REDACTED]

OTHER ADDRESS AS OF 02-26-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-03-25 MAILED: 06-13-25 EXPIRES: 06-06-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname: [REDACTED]
Given Name: [REDACTED]
Category Code: [REDACTED]
Date of Birth: [REDACTED]
Mexico
Terms and Conditions: [REDACTED]
Valid From: [REDACTED]
Card Expires: 03/02/24
NOT VALID FOR REENTRY TO U.S.

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number [REDACTED]	USCIS Account Number [REDACTED]	Case Type I821D - CONSIDERATION OF DEFERRED ACTION FOR CHILDHOOD ARRIVALS
Received Date 09/21/2023	Priority Date 09/21/2023	Requestor N [REDACTED] G [REDACTED] J [REDACTED]
Notice Date 01/31/2024	Page 1 of 1	

N [REDACTED] G [REDACTED] J [REDACTED]
[REDACTED]

Notice Type: Approval Notice
Valid from: 01/31/2024 to 01/30/2026

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.

What the Official Notice Said

Notice of Deferred Action:

This notice is to inform you regarding U.S. Citizenship and Immigration Services's (USCIS) decision on your Form I-821D, Consideration of Deferred Action for Childhood Arrivals.

USCIS, in the exercise of its prosecutorial discretion, has decided to defer action in your case. Deferred action is an exercise of prosecutorial discretion by USCIS not to pursue the removal of an individual from the United States for a specific period. Deferred action does not confer or alter any immigration status.

Unless terminated, this decision to defer removal action will remain in effect for the duration of the validity period noted above.

This notice does not constitute employment authorization, nor may it be used in place of an Employment Authorization Document. The 90-day period for reviewing Form I-765, Application for Employment Authorization, filed together with Form I-821D begins as of the date of this approval notice. If Form I-765 is granted, you will receive your Employment Authorization Document separately by mail. Subsequent criminal activity after your case has been deferred is likely to result in termination of your deferred action. This notice does not provide permission to travel outside of the United States.

You are required to notify USCIS if you change your address. You may use the Alien's Change of Address Card, Form AR-11, to report a new address. That form may be found at www.uscis.gov. There is no fee for this change of address form.

NOTICE: USCIS and the U.S. Department of Homeland Security (DHS) reserve the right to verify the information submitted in this request and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of the verification will be used to determine whether termination of deferred action and/or removal proceedings are appropriate if, for example, the requestor committed fraud or misrepresentation in his or her request for consideration of deferred action for childhood arrivals, or engaged in subsequent criminal activity following the submission of the request. If removal action is deferred under Deferred Action for Childhood Arrivals may, in the sole discretion of USCIS, be terminated if you provide derogatory information before deferred action is terminated and/or removal proceedings are initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Nebraska Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: DACA - Temporary Employment Authorized

A non national of the U.S. who has been granted administrative relief under the Deferred Action for Childhood Arrivals (DACA) program. Relief is granted for a specific period of time and during that period, the applicant is employment authorized if he or she has a valid employment authorization document. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 01/30/2026
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

FORM I-766
Rev (12-2021)



This card is not evidence of U.S. citizenship or permanent residence.
This document is not a passport and may be revoked by the U.S. Government.
The person depicted is authorized to work in the U.S. for the validity of this card.

52L

If found, drop in any US Mailbox: USPS: Mail to 7 Product Way, Lees Summit, MO 64092



UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname
R R
Given Name
J
MSCIS# Category Card#
Terms and Conditions
None
Date of Birth Sex
Country of Birth
Mexico
Valid From
Card Expires 04/24/30

NOT VALID FOR REENTRY TO U.S.

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: R [REDACTED] R [REDACTED], J [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-10-25: [REDACTED]

OTHER ADDRESS AS OF 05-06-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR [REDACTED] EYES: [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 40-K-SELF-CERTIFICATION - CDL INTRASTATE ONLY

DRIVER LICENSE ISSUED: 06-10-25 MAILED: 06-20-25 EXPIRES: 11-12-28
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 04-24-30 UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES
N (TV) TANK VEHICLE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

[illegible]



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 07/11/2025
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: J [REDACTED] R [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 03-07-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: S [REDACTED] J [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25: [REDACTED]

OTHER ADDRESS AS OF 03-09-21: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 07-11-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: [REDACTED]

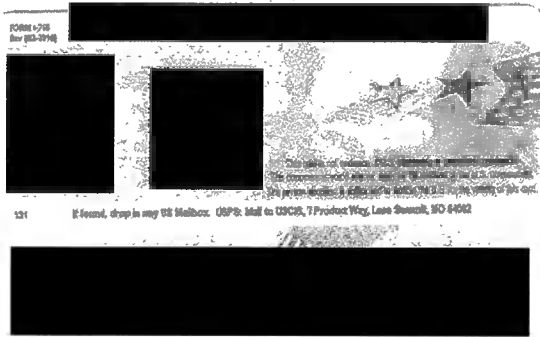
RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

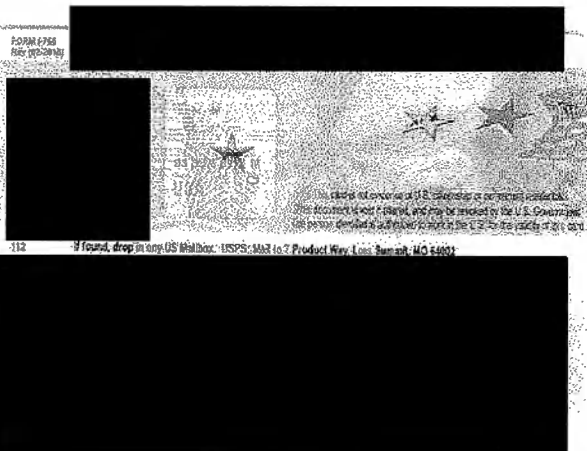
Surname [REDACTED]
S [REDACTED]
Given Name [REDACTED]
J [REDACTED]
USCIS [REDACTED] Category [REDACTED] Period [REDACTED]
Country of Birth [REDACTED]
India
Terms and Conditions [REDACTED]
None
Date of Birth [REDACTED] Sex [REDACTED]
Valid Until [REDACTED]
Valid Expires 06/10/22
NOT VALID FOR REENTRY TO U.S.



UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname [REDACTED]
Given Name [REDACTED]
USCIS# [REDACTED]
Country of Birth [REDACTED]
Mexico
Terms and Conditions [REDACTED]
Valid From [REDACTED]
Card Expires 05/24/23
NOT VALID FOR REENTRY TO U.S.

Passport Card# [REDACTED]
Social Security Number [REDACTED]



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-19-25 TIME: 14:11

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # IDENTIFICATION CARD #

NAME: T M, J BIRTHDATE:

OTHER NAMES ON FILE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-06-25:

OTHER ADDRESS AS OF 07-09-21:

PHYSICAL DESCRIPTION

SEX HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-06-25 MAILED: 06-19-25 EXPIRES: 06-03-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:
EXPIRES: NO DATE UPDATED: 11-17-20

RESIDENCY VERIFICATION:

ENDORSEMENTS: N (TV) TANK VEHICLE

[REDACTED]
SSN VERIFICATION CODE: [REDACTED]

UPDATED: [REDACTED]

[REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: DACA - Temporary Employment Authorized

A non national of the U.S. who has been granted administrative relief under the Deferred Action for Childhood Arrivals (DACA) program. Relief is granted for a specific period of time and during that period, the applicant is employment authorized if he or she has a valid employment authorization document. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: [REDACTED]
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED] m [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Browser Support](#) [Plug-ins](#) [Site Map](#) [V37.1 ICA](#) [V38 ICA](#) [Draft](#)



U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-26-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: C [REDACTED] O [REDACTED], M [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-27-25: [REDACTED]

OTHER ADDRESS AS OF 10-06-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-27-25 MAILED: 07-11-25 EXPIRES: 06-16-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

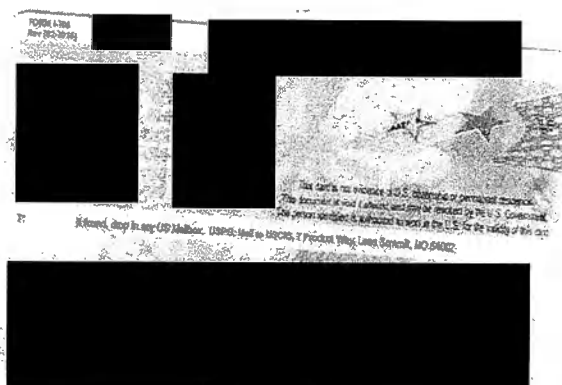
ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Signature: [REDACTED]
O [REDACTED] C [REDACTED]
Given Name: [REDACTED]
M [REDACTED]
U.S. CISE [REDACTED] Category: [REDACTED]
Country of Birth: [REDACTED]
Mexico
Terms and Conditions: [REDACTED]
None
Type of Entry: [REDACTED] Sex: [REDACTED]
Valid From: [REDACTED]
Card Expires: 04/23/22
NOT VALID FOR REENTRY TO U.S.



Search (Case Number, Applicant Last Name, or Applicant Enumerator)



A-NUMBER, USCIS NUMBER, [REDACTED]

Case Status

Select

Creation Date

Past year

Created By Group

- Select -

Created By User

- Select -

Sort By

Last Modified

No Cases

Rows Per Page 20

0-0 of 0 items

Page 1 of 1

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U.S. Citizenship
and Immigration
Services

SAVE Response Details

Case Verification Number

[REDACTED]

Full Name

M [REDACTED] O [REDACTED] C [REDACTED]

Date of Birth

[REDACTED]

Country

MEXIC - Mexico

Date of Entry

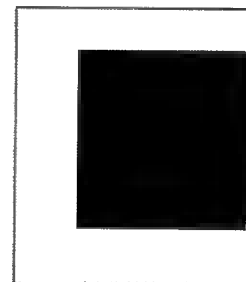
[REDACTED]

EADS Expiration Date

03/25/2020

Provision of Law Code

[REDACTED]



Agency Submitted Details

Full Name

M [REDACTED] O [REDACTED] C [REDACTED]

Date of Birth

[REDACTED]

Alien Number

[REDACTED]

Card Number

[REDACTED]

Document Expiration Date

03/25/2020

Requested Benefits

Driver License

Initiated On

[REDACTED]



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: DACA - Temporary Employment Authorized

A non national of the U.S. who has been granted administrative relief under the Deferred Action for Childhood Arrivals (DACA) program. Relief is granted for a specific period of time and during that period, the applicant is employment authorized if he or she has a valid employment authorization document. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. Follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment Authorization Document (EAD) Expiration Date: 04/21/2026
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name: m [REDACTED] o [REDACTED] c [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-797 Receipt Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact Name: [REDACTED]
Point of Contact Phone Number: [REDACTED]
Requested Benefits: [REDACTED]
Attached Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: S [REDACTED] M [REDACTED]

BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25: [REDACTED]

OTHER ADDRESS AS OF 08-27-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 07-10-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]

EXPIRES: NO DATE UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

[REDACTED]

EMPLOYMENT AUTHORIZATION

S [REDACTED]
M [REDACTED]
Country of Birth
India
None
Date of Birth [REDACTED]
Sex [REDACTED]
12/20/22
NOT VALID FOR REENTRY TO U.S.



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: IND INDIA
Employment
Authorization
Document (EAD)
Expiration Date: 03/05/2027
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: m [REDACTED] s [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: S [REDACTED], M [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-23-25: [REDACTED]

OTHER ADDRESS AS OF 07-24-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-23-25 MAILED: 07-03-25 EXPIRES: 07-03-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 11-18-29 UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

***** END OF RECORD *****





SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (adj of Status) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 485 application to adjust status to lawful permanent resident, but a decision on the application has not yet been made. This response also indicates SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: IND INDIA
Employment
Authorization
Document (EAD)
Expiration Date: 11/18/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: N [REDACTED] S [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Institute Additional Verification

SAVE was unable to verify the applicant's status on electronic initial verification. There may have been an issue electronically locating the records or additional verification may be required due to conflicting data or the nature of the applicant's status. This is not a final response and should not be used to determine benefit eligibility. Please Institute Additional Verification so SAVE can conduct more research and return the correct status.

SAVE Response Details

Case Verification
Number: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-07-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

DRIVER LICENSE # [REDACTED]

IDENTIFICATION CARD # [REDACTED]

NAME: V [REDACTED] N [REDACTED]

BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-23-25: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-23-25 MAILED: 07-03-25 EXPIRES: 02-25-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

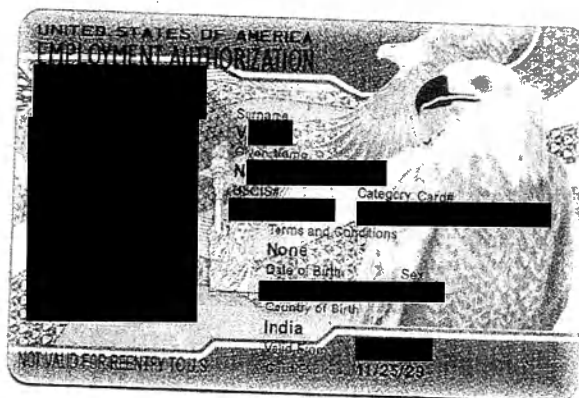
INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 11-25-29 UPDATED: 06-23-25

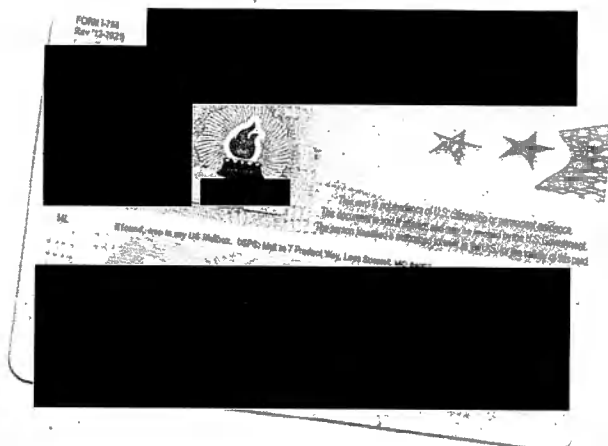
RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

[REDACTED]







The applicant is not a citizen or national of the U.S. and has filed a Form I-589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [GO on Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification Number: [REDACTED]
Country of Birth: IND - INDIA
Employment Authorization Document (EAD) Expiration Date: 11/25/2029
Provision of Law Code: [REDACTED]

Agency Submitted Details

Full Name:	N [REDACTED]
Date of Birth:	[REDACTED]
Alien Number:	[REDACTED]
Card Number / I-797	[REDACTED]
Receipt Number:	[REDACTED]
User Field:	[REDACTED]
Initiated On:	04/14/2025
Initiated By:	[REDACTED]
Point of Contact Name:	[REDACTED]
Point of Contact Phone	[REDACTED]
Number:	[REDACTED]
Requested Benefits:	State ID Card
Attached Document:	No



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 09-02-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

===== SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION =====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # [REDACTED]

NAME: N [REDACTED] D [REDACTED], P [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: N [REDACTED] D [REDACTED], P [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-02-25: [REDACTED]

OTHER ADDRESS AS OF 12-18-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

===== SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD =====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 29-MAY NOT TRANSPORT STUDENT PASSENGERS WITHOUT
VALID SCHOOL BUS CERTIFICATE
42-M-MAY NOT OPERATE CLASS A PASSENGER VEHICLES
64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSION

DRIVER LICENSE ISSUED: 06-02-25 MAILED: 06-13-25 EXPIRES: 11-27-29
REMAILED: NO DATE CLASS: B COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: NO DATE UPDATED: 12-18-24

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: P (PV) PASSENGER TRANSPORTATION

S (SB) SCHOOL BUS

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

CERTIFICATES: A-SCHOOL BUS

EXPIRES: 11-27-29

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname

N

[REDACTED]

D

[REDACTED]

Given Name

P

[REDACTED]

USCIS#

Category Card#

[REDACTED]

[REDACTED]

Terms and Conditions

None

Date of Birth

Sex

[REDACTED]

Country of Birth

Brazil

Valid From:

[REDACTED]

VALID FOR REENTRY TO U.S.

Card Expires:

03/29/29



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: BRA - BRAZIL
Employment
Authorization
Document (EAD)
Expiration Date: 03/29/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: P [REDACTED] N [REDACTED] D [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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U.S. Citizenship
and Immigration
Services



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: BRÁ - BRAZIL
Employment
Authorization
Document (EAD)
Expiration Date: 03/29/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

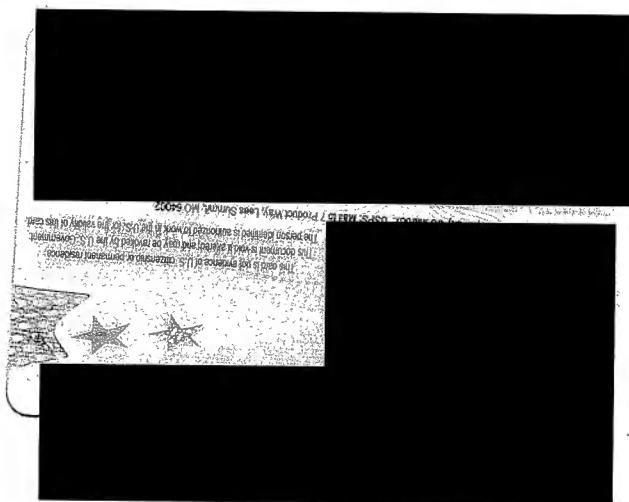
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U.S. Citizenship
and Immigration
Services





STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 10:45

PRODUCED FOR DMV USE ONLY

REQUESTER CODE

TRANSACTION: INFO CODE: OPERATOR:

DRIVER RECORD REQUESTED:

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE IDENTIFICATION CARD # NONE ISSUED

NAME: BIRTHDATE:

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-24-25:

OTHER ADDRESS AS OF 02-26-24:

PHYSICAL DESCRIPTION

SEX: HAIR: EYES: HEIGHT: WEIGHT:

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 01-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
42-M-MAY NOT OPERATE CLASS A PASSENGER VEHICLES
46-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
COMMERCIAL
64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSION

DRIVER LICENSE ISSUED: 06-24-25 MAILED: 07-07-25 EXPIRES: 02-02-30
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: UPDATED:

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE:

INS DOCUMENT NUMBER:
EXPIRES: 12-12-29 UPDATED: 03-29-24

RESIDENCY VERIFICATION:

Garfield's

ENDORSEMENTS: P (PV) PASSENGER TRANSPORTATION

SSN VERIFICATION CODE: [REDACTED]

MEDICAL EXPIRES: [REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: CHN - CHINA
Employment
Authorization
Document (EAD)
Expiration Date: 12/12/2029
Provision of Law
Code: [REDACTED]

Agency Submitted Details

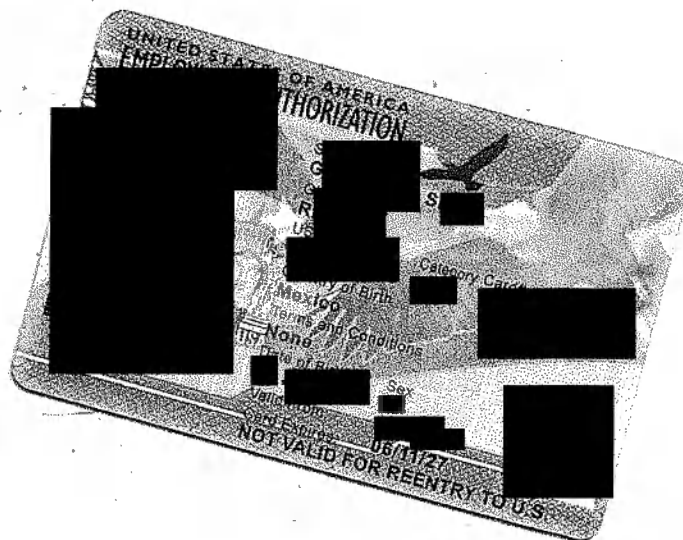
Full Name: Q [REDACTED] C [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

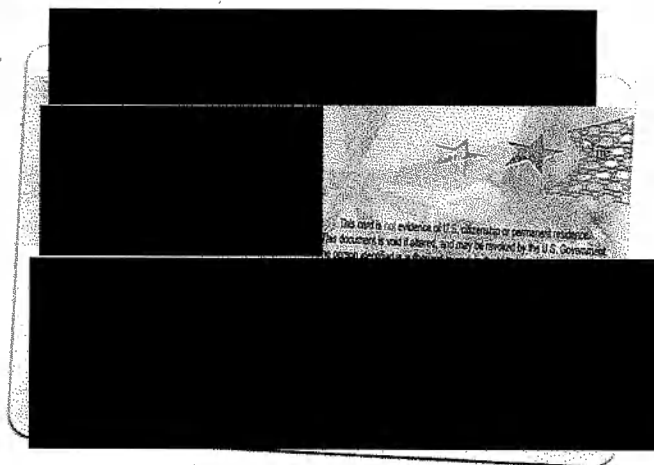
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U.S. Citizenship
and Immigration
Services





STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 11:27

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: G [REDACTED] S [REDACTED], R [REDACTED] BIRTHDATE: [REDACTED]

OTHER NAMES ON FILE: G [REDACTED] R [REDACTED] S [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-04-25: [REDACTED]

OTHER ADDRESS AS OF 03-24-25: [REDACTED]

PHYSICAL DESCRIPTION

SEX [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: NONE

DRIVER LICENSE ISSUED: 06-04-25 MAILED: 06-17-25 EXPIRES: 06-11-27
REMAILED: NO DATE CLASS: A COMMERCIALORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]
LIMITED TERM-FEE DUE: 07-19-29BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]
INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 06-11-27 UPDATED: 06-04-25

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

[illegible]

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[REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Deferred Action - Temporary Employment Authorized

SAVE Response Details

Case Verification
Number: [REDACTED]
Employment
Authorization
Document (EAD)
Expiration Date: 06/11/2027
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: R [REDACTED] G [REDACTED] S [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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EMPLOYMENT AUTHORIZATION

Surname
M [REDACTED]

Given Name
R [REDACTED]

USCIS# [REDACTED] Category Code [REDACTED]

Terms and Conditions
None

Date of Birth [REDACTED] Sex [REDACTED]

Country of Birth
Mexico

Valid From [REDACTED] Card Expires 07/23/28

NOT VALID FOR REENTRY TO U.S.

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: [REDACTED]

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED]

IDENTIFICATION CARD # [REDACTED]

NAME: M [REDACTED], R [REDACTED]

BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-17-25: [REDACTED]

OTHER ADDRESS AS OF 09-13-24: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 40-K-SELF-CERTIFICATION - CDL INTRASTATE ONLY

DRIVER LICENSE ISSUED: 06-17-25 MAILED: 06-27-25 EXPIRES: 07-23-28
REMAILED: NO DATE CLASS: A COMMERCIALORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]
LIMITED TERM-FEE DUE: [REDACTED]BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]
INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 07-23-28 UPDATED: [REDACTED]

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: T (DT) DOUBLES/TRIPLES

SSN VERIFICATION CODE: [REDACTED] UPDATED: [REDACTED]

***** END OF RECORD *****

SAVE

SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Deferred Action - Temporary Employment Authorized

SAVE Response Details

Case Verification
Number: [REDACTED]
Country of Birth: MEX MEXICO
Employment
Authorization
Document (EAD)
Expiration Date: 07/23/2028
Provision of Law
Code: [REDACTED]

Agency Submitted Details

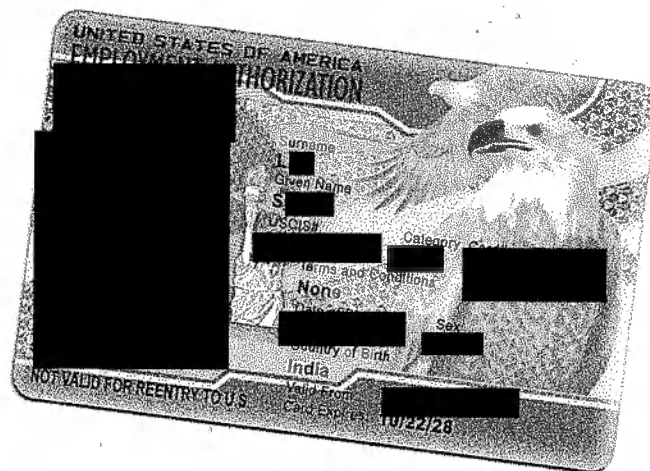
Full Name: R [REDACTED] M [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

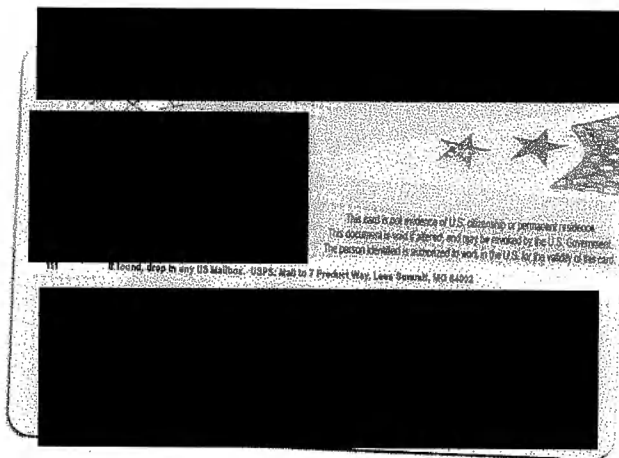
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STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD

DATE: 08-20-25 TIME: 09:55

PRODUCED FOR DMV USE ONLY

REQUESTER CODE [REDACTED]

TRANSACTION: [REDACTED] INFO CODE: [REDACTED] OPERATOR: [REDACTED]

DRIVER RECORD REQUESTED: [REDACTED]

THIS CONTAINS SEGMENTS 1,2 OF THIS RECORD

=====

SEGMENT 1 - DRIVER LICENSE/IDENTIFICATION CARD INFORMATION

=====

DRIVER LICENSE # [REDACTED] IDENTIFICATION CARD # NONE ISSUED

NAME: I [REDACTED] S [REDACTED] BIRTHDATE: [REDACTED]

** ALL ADDRESSES ON THIS RECORD ARE CONFIDENTIAL **

MAILING ADDRESS AS OF 06-20-25: [REDACTED]

PHYSICAL DESCRIPTION

SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

=====

SEGMENT 2 - STATUS OF DRIVING PRIVILEGE AND IDENTIFICATION CARD

=====

LICENSE/DRIVING PRIVILEGE STATUS: DRIVER LICENSE VALID

COMMERCIAL LICENSE STATUS: DRIVER LICENSE VALID

RESTRICTIONS: 01-MUST WEAR CORRECTIVE LENSES WHEN DRIVING
64-E-CLASS A/B-LIMITED TO VEHICLE WITH
AUTOMATIC TRANSMISSIONDRIVER LICENSE ISSUED: 06-20-25 MAILED: 07-03-25 EXPIRES: 07-24-29
REMAILED: NO DATE CLASS: A COMMERCIAL

ORGAN DONOR/VETERAN: [REDACTED] UPDATED: [REDACTED]

BIRTHDATE/LEGAL PRESENCE VERIFICATION CODE: [REDACTED]

INS DOCUMENT NUMBER: [REDACTED]
EXPIRES: 10-22-28 UPDATED: 01-10-24

RESIDENCY VERIFICATION: [REDACTED]

ENDORSEMENTS: NONE

SSN VERIFICATION CODE: [REDACTED] - VERIFIED BY SSA UPDATED: [REDACTED]

MEDICAL EXPIRES: [REDACTED]

***** END OF RECORD *****



SENSITIVE BUT UNCLASSIFIED

SAVE Response

Applicant Status: Application Pending (asylum) - Temp Emp Auth

The applicant is not a citizen or national of the U.S. and has filed a Form I 589 application for asylum, but a decision on the application has not yet been made. This response also indicates that SAVE verified the applicant has a valid EAD. See the [Guide to Understanding SAVE Verification Responses](#) for additional information. You will need to follow your agency's policy when determining whether this applicant is eligible for benefits.

SAVE Response Details

Case Verification
Number: [REDACTED]
Class of
Admission (COA)
Code: [REDACTED]
Country of Birth: IND - INDIA
Employment
Authorization
Document (EAD)
Expiration Date: 10/22/2028
Provision of Law
Code: [REDACTED]

Agency Submitted Details

Full Name: S [REDACTED] L [REDACTED]
Date of Birth: [REDACTED]
Alien Number: [REDACTED]
Card Number / I-
797 Receipt
Number: [REDACTED]
User Field: [REDACTED]
Initiated On: [REDACTED]
Initiated By: [REDACTED]
Point of Contact
Name: [REDACTED]
Point of Contact
Phone Number: [REDACTED]
Requested
Benefits: [REDACTED]
Attached
Document: [REDACTED]

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