

**FW: Emailing: Duplicate Analysis Daily Report Form- Case#**

(b)(7)(E)

(b)(6),(b)(7)(C)

**Sent:** Thursday, February 14, 2013 11:14 AM**To:** (b)(6),(b)(7)(C)**Attachments:** Duplicate Analysis Daily ~1.docx (70 KB)

Help out my DMV investigator there are two photos attached. The subject is using either different SSN or different names see what you can find out on this and if we have photos in our data base.

-----Original Message-----

**From:** (b)(6),(b)(7)(C)**Sent:** Thursday, February 14, 2013 10:56 AM**To:** (b)(6),(b)(7)(C)**Subject:** Emailing: Duplicate Analysis Daily Report Form- Case# (b)(7)(E)

(b)(6),(b)(7)(C)

can you get me any photos you have on either names? Thanks.

The message is ready to be sent with the following file or link attachments:

Duplicate Analysis Daily Report Form- Case# (b)(7)(E)

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**Duplicate Analysis Daily Report Form- Case#**

(b)(7)(E)

(b)(6),(b)(7)(C)

**Lastname:** (b)(6),(b)(7)(C)

**Middlename:**

**Firstname:**

**Gender:** Male

**DOB:** (b)(6),(b)(7)(C)

**Height:** 504

**Eyecolor:** Black

**GRN:** (b)(6),(b)(7)(C)

**PortraitID:**

**Image Capture Date:** NOV 16, 2012

13:19:27

**Issue Date:** NOV 16, 2012

**Client ID:** (b)(6),(b)(7)(C)

**Address:** WOODSIDE, NY,  
113770000

**Case Number:**

**Site Code:** (b)(7)

**Camera Number:** 4

**SSN:** (b)(6),(b)(7)(C)

**Verif Type:** SSN VERIFIED

VALID NYS PERMIT

**Temp Visitor:** YES 11/01/2013

(b)(6),(b)(7)(C)

# Duplicate Analysis Daily Report Form- Case#

(b)(7)(E)

(b)(6),(b)(7)(C)

**Lastname:** (b)(6),(b)(7)(C)

**Middle name:**

**Firstname:** (b)(6),(b)(7)(C)

**Gender:** Male

**DOB:** (b)(6),(b)(7)(C)

**Height:** 504

**Eyecolor:** Black

**GRN:** (b)(6),(b)(7)(C)

**PortraitID:**

**Image Capture Date:** OCT 16, 2003 00:00:00

**Issue Date:** JAN 29, 2009

**Client ID:** (b)(6),(b)(7)(C)

**Address:** (b)(7) HOLLIS, NY, 11423

**Case Number:**

**Site Code:** (b)(7)

**Camera Number:** 1

**SSN:** (b)(6),(b)(7)(C)

**Verif Type:** SSN VERIFIED

**Temp Visitor:** YES 12/26/2011

RESTRICTED CLASS E

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Nov 19, 2012 08:41:16

(b)(6),(b)(7)(C)

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, December 13, 2013 12:58 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: ICE agent - Nassau County

No problem. (b)(6),(b)(7)(C) is a good guy.  
Enjoy the holidays.

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, December 13, 2013 12:54 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: ICE agent - Nassau County

Thanks for the help. Hopefully one of these days I can return the favor. Have a great holiday.

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, December 13, 2013 12:48 PM  
**To:** (b)(6),(b)(7)(C)  
**Cc:** (b)(6),(b)(7)(C)  
**Subject:** FW: ICE agent - Nassau County

(b)(6),(b)(7)(C)

Please get in touch with Investigator (b)(6),(b)(7)(C) and see if you can give him a hand.  
His target has two files (b)(6),(b)(7)(C) so he should be good to go.

Thanks

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Supervisory Detention & Deportation Officer  
US DHS Immigration & Customs Enforcement  
Enforcement & Removal Operations  
Fugitive Operations – New York Field Office  
(212)238-(b)(6) Office  
(646)201-(b)(7)(C) Cell  
(212)238-4519 Fax

(b)(6),(b)(7)(C)

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, December 13, 2013 12:36 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** ICE agent - Nassau County

SA (b)(6),(b)(7)(C)

As we discussed, it appears the subject of my investigation shows an Outstanding Warrant of Removal under (b)(6),(b)(7)(C) and also is tied with (b)(6),(b)(7)(C). Further information on this case is attached. We have current information that he is residing in Nassau County and we are trying to coordinate a day to go down and locate him. Other investigators in my office have Nassau County cases, which may have immigration ties, and I am thinking we could coordinate a day to apprehend multiple individuals down there at the same time. Since this is outside NYC, I am hopeful that the SA who handles Nassau County would be interested in my case and possibly the others that we are putting together. I greatly appreciate you putting me in contact with the proper agent there. As always, Thank you for helping me out with this.

Thank you,

(b)(6),(b)(7)(C)

Investigator  
New York State  
Department of Motor Vehicles  
License and Reg Crimes Unit  
DMV/NYSIC Liason  
6 Empire State Plaza  
Albany, NY 12228  
518-474-(b)(6),(b)(7)(C) desk  
518-473-(b)(7)(C) office  
518-474-7543 fax  
518-337-(b)(6),(b)(7)(C) cell



(b)(6),(b)(7)(C)

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Tuesday, August 02, 2011 11:43 AM  
**To:** (b)(6),(b)(7)(C)  
**Cc:**  
**Subject:** Online DMV Access Accounts  
**Attachments:** mv15d.pdf; NYS DMV ONLINE ACCESS QUERY LOG.DOC

(b)(6),  
(b)(7)(C)

See below. I will set you up with Accurant within a couple of days. The DMV website takes a little longer.

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Tuesday, August 02, 2011 9:30 AM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** NYS DMV & Accurant  
**Sensitivity:** Confidential

Good morning, (b)(6),

Please advise as to what you need from me in order to gain access to the NYS DMV online system and Accurant. (b)(6),  
I had already granted me access to (b)(7)(F) but I am having issues with logging-in to that system. Thanks! (b)(7)(C)

(b)(6),  
212-238- (b)(6), desk  
646-879- (b)(7)(C) cell

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Tuesday, April 26, 2011 3:34 PM  
**To:** (b)(6),(b)(7)(C)  
(b)(6),(b)(7)(C)  
(b)(6),(b)(7)(C)  
**Cc:** (b)(6),(b)(7)(C)  
(b)(6),(b)(7)(C)  
**Subject:** Online DMV Access Accounts

Folks,

I'm resending this email out due to the transition of new officers/agents into and out of the unit. If you currently have access to the site, you may disregard this email. For those of you, who do not have access, see the two emails below. The first addresses how to gain access, and the second addresses accountability of your checks. Read them both. You will need to submit new applications. Your team leaders can assist you in filling out the application.

Also, access to this website is strictly for Fug Ops members and the application should not be disseminated outside of this unit as they will not be authorized.

If you have any questions, please come see me.

(b)(6),(b)(7)(C)

Supervisory Detention and Deportation Officer  
ICE/ERO Fugitive Operations  
New York Field Office  
212-264- (b)(6), (b)(7)(C) (office)  
347-996- (b)(6), (b)(7)(C) (cell)

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**From:** (b)(6), (b)(7)(C)  
**Sent:** Friday, April 03, 2009 12:19 PM  
**To:** (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

**Cc:** (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

**Subject:** NYSDMV Website

All:

As was discussed at the meeting, attached find a log for the DMV website. Each officer will fill out the sheet every time they use the website. On the first business day of each month turn in the sheet (even if blank) to your team's respective DRA. Mr. (b)(6), (b)(7)(C) is the official custodian of these records, and can be audited at any time. Records need to be kept for five years. Non-compliance could result in all of us losing access.

If you have not applied for access yet, please see SDDO (b)(6), (b)(7)(C). Any questions speak with him or me.

(b)(6), (b)(7)(C)

**From:** (b)(6), (b)(7)(C)  
**Sent:** Wednesday, March 11, 2009 3:51 PM  
**To:** (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

**Cc:** (b)(6), (b)(7)(C)

**Subject:** Online DMV Access Accounts through E-Justice

Ladies and Gents,

Please see the link attached to this email. It will re-direct you to the application (MV-15D) that each user must fill out and have notarized before we can submit them. Please type in your info because they will be faxed. Once completed, this will allow each user to have there own sign-on for auditing purposes according to the point of contact (POC) at the DMV.

This website, "Dialin", is accessible through E-Justice under the DMV Services tab.

AFOD (b)(6), (b)(7)(C) will be the custodian of record for this unit.

Once we get these MV-15D applications in, it should not take more than a couple of weeks to get us set up according to the POC.

<http://www.nysdmv.com/forms/mv15d.pdf>

(b)(6),(b)(7)(C)

Supervisory Detention and Deportation Officer  
ICE/DRO Fugitive Operations  
New York Field Office  
212-264-(b)(6), office)  
347-996-(b)(7)(C) cell)







**MOTOR VEHICLE RECORD  
SEARCH ACCOUNT APPLICATION**

<http://www.nysdmv.com/dialin.htm>  
[dialin@dmv.state.ny.us](mailto:dialin@dmv.state.ny.us)

- ◆ Before you begin, please review the Terms of Service on Page 3.
- ◆ If you are opening a new account for a commercial or not-for-profit organization, attach an opening deposit. The deposit amount should fund your estimated usage for two months. Electronic searches are \$7 each. Mail order searches are \$10 or more, depending on what kinds of certified documents you request. Please make your check or money order payable to "Commissioner of Motor Vehicles".
- ◆ If you are opening a new account for a government organization, a volunteer fire company, or a volunteer ambulance service, and will be using the information obtained for a public purpose, complete the Fee Exemption Certification section on page 4 of this form to claim an exemption from search and document fees under Section 202 of the New York State Vehicle & Traffic Law. **You must also provide evidence of your government employment or your affiliation with the exempt organization, such as a pay stub or an official letter from the organization.**
- ◆ If you represent a commercial or not-for-profit organization (including volunteer fire companies and volunteer ambulance services), **include a certified copy of your business certificate.**
- ◆ Send the form to:  
DATA SERVICES - NEW SEARCH ACCOUNT  
NYS DEPARTMENT OF MOTOR VEHICLES  
6 EMPIRE STATE PLAZA, RM 422  
ALBANY NY 12228

**ACCOUNT INFORMATION**

(Please Print or Type)

Please mark one of the following boxes to indicate which service you are requesting:

- ☐ Open new account
- ☐ Update information for an existing account. DMV will need your account number to process any changes.

**ACCOUNT #:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Driver License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State/Province: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Federal Employer ID Number: 

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Please describe in detail how you plan to use the information from searches of DMV's records:

If DMV has ever **terminated** a search account held by you, your organization, or any principal, agent, officer or employee associated with your organization, please provide the account number(s):



## CERTIFICATION OF PERMISSIBLE USES

The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. Sec. 2721 et seq.) regulates access to DMV records and how the recipients of motorists' records subsequently share them. Pursuant to the DPPA, you must have a DPPA Permissible Use to search DMV records. A list of permissible uses appears below. **Place your initials next to your permissible use(s).**

- \_\_\_\_\_ Use by any government agency in carrying out its functions. (18 USC 2721(b)(1))
- \_\_\_\_\_ Use by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions. (18 USC 2721(b)(1))
- \_\_\_\_\_ Use in matters of motor vehicle or driver safety. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in matters of motor vehicle theft. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in matters of motor vehicle emissions. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in matters of motor vehicle product alterations, recalls or advisories. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in performance monitoring of motor vehicles, motor vehicle parts, and motor vehicle dealers. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in motor vehicle market research activities, including survey research. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in removal of non-owner records from the original owner records of motor vehicle manufacturers. (18 USC 2721(b)(2))
- \_\_\_\_\_ Use in preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against an individual in order to verify or correct the accuracy of personal information submitted by the individual to a legitimate business or its agents, employees, or contractors. (18 USC 2721(b)(3-B))
- \_\_\_\_\_ Use in any civil, criminal, administrative, or arbitral proceeding in any court or agency, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to a court order. (18 USC 2721(b)(4))
- \_\_\_\_\_ Use by an insurer or insurance support organization or self-insured entity in claims investigations, anti-fraud activities, rating or underwriting activities. (18 USC 2721(b)(6))
- \_\_\_\_\_ Use in providing notice to the owners of towed or impounded vehicles. (18 USC 2721(b)(7))
- \_\_\_\_\_ Use by an employer, its agent or insurer to obtain information relating to the holder of a commercial driver's license required under the Commercial Motor Vehicle Safety Act of 1986 (Chapter 313 of Title 49 of the U.S.C.). (18 USC 2721(b)(9))
- \_\_\_\_\_ Use in the operation of private toll transportation facilities. (18 USC 2721(b)(10))
- \_\_\_\_\_ Use by any requester who has obtained the written consent of the motorist. (18 USC 2721(b)(13))
- \_\_\_\_\_ Use required under NYS Vehicle & Traffic Law, Article 19-A – Special Requirements for Bus Drivers. (18 USC 2721(b)(14))
- \_\_\_\_\_ Use required under NYS Vehicle & Traffic Law, Article 19-B – Special Requirements for Commercial Motor Carriers. (18 USC 2721(b)(14))
- \_\_\_\_\_ Use required under other NYS law cite law here: \_\_\_\_\_  
(18 USC 2721(b)(14))



## TERMS OF SERVICE

1. You will perform searches of DMV records only when one of the permissible uses that you initialed on page 2 arises. You agree not to perform searches of DMV records for the purposes described in 18 USC Sec.2721(b)(5), (11), and/or (12). Under the *New York State Information Security Breach and Notification Act*, DMV is required to notify individuals if their records are accessed for unauthorized purposes.
2. **You will notify DMV in writing, within 30 days, if there is any change in the information you have provided in this application. You will file a replacement for this application within 60 days of any request by DMV to do so.**
3. You will maintain business records documenting the purpose of each search and identifying the individual who performed the search. You will maintain each record FOR FIVE YEARS after the date of your search. The records must be available to DMV, upon request, for audit purposes. At DMV's direction, you will forward the records to DMV or you will make the records available for inspection at your place of business. The records must be organized to permit retrieval by the name, license number, plate number or VIN for which you searched. If you do not maintain an office location within New York State, you may be asked to forward all records requested to a place and location designated by the Department. The location where you will keep records of searches is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

4. If you share personal information from DMV with a recipient outside your organization, you will collect from that recipient an agreement identifying the recipient and specifying their DPPA Permissible Use for the information. You will retain the agreement FOR FIVE YEARS after the date when you last shared DMV records information with the recipient. You will make the agreement available to DMV for audit purposes.
5. You will not represent yourself as an agent or employee of the DMV.
6. You will defend, indemnify and hold harmless the DMV and its employees or agents from all claims, actions, damages, or losses, including the cost of any notifications required under the *New York State Information Security Breach and Notification Act*, arising from your negligent, improper, or unauthorized use or dissemination of information contained in DMV records.
7. New York State will not be responsible for any omissions or errors in the information furnished to you.
8. You acknowledge that all records of searches placed by you are public records, and may be made available to any party.
9. The Commissioner may terminate this agreement at his/her discretion. Reasons for termination include and are not limited to: false statements made by you; concealment of material facts in connection with this application; and violation of any of the terms of service.
10. This agreement is not transferable.

## ACKNOWLEDGEMENT OF TERMS OF SERVICE

My signature indicates that I, the applicant (and my officers, agents, partners, owners and employees), have read and will comply with the DPPA, and that I agree to the Terms of Service on page 3 of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in the presence of a notary)

## FEE EXEMPTION CERTIFICATION FOR GOVERNMENT ORGANIZATIONS, VOLUNTEER FIRE COMPANIES, AND VOLUNTEER AMBULANCE SERVICES ONLY

Section 202 of the New York State Vehicle & Traffic Law exempts government organizations, volunteer fire companies, and volunteer ambulance services from fees for searches or copies of documents to be used for a public purpose. I certify that my organization qualifies for this exemption, and that this account will be used only for public purposes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in the presence of a notary)

## TO BE COMPLETED BY NOTARY

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, before me personally came \_\_\_\_\_,  
(Date) (Applicant who signed above)

to me known and, who by me being duly sworn, deposes and says: that he/she works/resides at

\_\_\_\_\_  
(Address)

and that he/she signed his/her name thereto.

\_\_\_\_\_  
Notary Public





# NYS DMV ONLINE ACCESS QUERY LOG

Officer/Team: \_\_\_\_\_ Month/Year: \_\_\_\_\_

[illegible]

(b)(6),(b)(7)(C)

**From:** (b)(6),(b)(7)(C)  
**Sent:** Thursday, March 26, 2009 1:37 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** Search Account Application

## STATE OF NEW YORK DEPARTMENT OF MOTOR VEHICLES

DATA SERVICES, 6 EMPIRE STATE PLAZA ROOM (b)(6), ALBANY, NY 12228

March 26, 2009

US DEPT OF HOMELAND SECURITY

(b)(6),(b)(7)(C)

The Department of Motor Vehicles welcomes you as a search account user. Your account and passwords will enable you to use our Dial-In Display Service and will simplify your mail-order requests for DMV record searches.

(b)(7)(E)

For Dial-In instructions, please visit <http://www.nysdmv.com/dial-in> . To download the Dial-In manual visit <http://www.nysdmv.com/forms/mv15dial.pdf> . If after reading our information you still have questions, just write back.

We hope your experience will be convenient and productive.

Best Regards,  
NYS DMV – Data Services

Phone: (518) 473- (b)(6), (b)(7)(C)

E-Mail: (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

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**From:**

(b)(6),(b)(7)(C)

**Sent:**

Wednesday, January 29, 2014 7:13 PM

**To:**

(b)(6),(b)(7)(C)

**Subject:**

New website preview

Dear Data Services Customer,

NYS DMV will soon have a new website with much better navigation and fresh, helpful information. Our URL [DMV.NY.GOV](http://DMV.NY.GOV) will remain the same and important pages will have redirects, so the most frequently used DMV bookmarks will continue to work. The Data Services office has posted a [preview page](#) on our [License Event Notification Service](#) website. We invite you to [have a look](#).

Best Regards,

NYS DMV Data Services

(b)(6),(b)(7)(C)





(b)(6),(b)(7)(C)

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From: (b)(6),(b)(7)(C)  
Sent: 14 May 2015 06:33:42 -0400  
To: Taskings, FNY  
Subject: FW: (No Subject)

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 13, 2014 4:07 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: (No Subject)

That corroborates our findings. There were no other licenses or images that matched him. He could be just driving with nothing now, or he had a fake made from another state.

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 13, 2014 3:20 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: (No Subject)

I have two plates, but its not registered to him. (b)(7)(E)

(b)(7)(E)

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 13, 2014 2:59 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: (No Subject)

Ok, nothing came up. I was going to do some more work on it.  
If he was driving, I am going to bet he was doing it without a license. (b)(7)(E)

(b)(7)(E)

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 13, 2014 2:56 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: (No Subject)

Roger that.

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 13, 2014 2:54 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: (No Subject)

Was this the one you asked to have run through facial rec?

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 13, 2014 12:38 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: (No Subject)

Good morning (b)(6),(b)(7)(C)  
Any response on (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)  
Deportation Officer  
DHS/ICE/JCART  
U.S. Marshals  
NY/NJ Regional Fugitive Task Force  
88 10th Avenue; (b)(6),(b)(7)(C)  
New York, NY 10011  
(646)805-(b)(6) Office  
(646)996-(b)(7) Cell  
(646)805-6982 Fax

-----Original Message-----

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 06, 2014 01:38 PM Eastern Standard Time  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE:

He is detained right now, correct? And we would have to charge him with state charges...I'm not sure how that would play out.  
Is he going to be deported after?

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 06, 2014 12:04 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE:

AUSA didnt charge him with the Agg. ID theft.

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, August 06, 2014 12:01 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE:

I have charges on our application, I was not sure if I could charge him since you were doing it through a AUSA.

From: (b)(6),(b)(7)(C)  
Sent: Wednesday, August 06, 2014 11:49 AM  
To: (b)(6),(b)(7)(C)  
Subject: RE:

Roger that. Are you going to charge (b)(6),(b)(7)(C)

From: (b)(6),(b)(7)(C)  
Sent: Wednesday, August 06, 2014 11:43 AM  
To: (b)(6),(b)(7)(C)  
Subject: RE:

Thanks.  
I'm still working on the one you sent me yesterday.

From: (b)(6),(b)(7)(C)  
Sent: Wednesday, August 06, 2014 10:59 AM  
To: (b)(6),(b)(7)(C)  
Subject: FW:

ENFORCE Reminders  
**EARM**

Person ID: (b)(6) Doc M COS: (b)(6) Current Age: 59 COS DR: COS DR  
Subject ID: (b)(6) Processing Disposition: TURNED OVER TO: (b)(6) Last Log  
Case: (b)(7)(F) Case Category: (b)(6) Gender: (b)(6) Last Foreign Entry Date:  
Final Order of Removal: No Time in Custody: N/A Special Court:  
Final Order Date: N/A Depart / Cleared Status: ACTIVE  
Processed With Removal: N/A  
Date Final Order is Effect: N/A

(b)(7)(E)

✓ Potential Matches: There are potential encounter matches. View potential matches

(b)(6),(b)(7)(C)

(b)(7)(E)

View All Photos

(b)(6),(b)(7)(C)

(b)(7)(E)

(b)(6),(b)(7)(C)  
Deportation Officer  
DHS/ICE/JCART

(646) 805-(b)(6) office  
(646) 996-(b)(7) cell  
(646) 805-6982 fax

NY/NJ Regional Fugitive Task Force  
New York City Division  
88 10<sup>th</sup> Avenue; 3<sup>rd</sup> Floor  
New York, NY 10011

.....  
(b)(6),(b)(7)(C)



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(b)(6),(b)(7)(C)

---

From: (b)(6),(b)(7)(C)  
Sent: 14 May 2015 06:34:20 -0400  
To: Taskings, FNY  
Subject: FW:

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Tuesday, November 26, 2013 3:10 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE:

H (b)(6),(b)(7)(C)

I hope that you are doing well.

A while ago you referred a case to me on a (b)(6),(b)(7)(C) I opened a case on him and put a prohibit on his license. He was in an office trying to re-new his license and they told him that he had to contact me.

I think you said that you have a passport fraud case on him. he just called me and I have a cell and work location for him.

Let me know the status of your case.

Thanks,

(b)(6),(b)(7)(C)  
(518) 408 (b)(6),(b)(7)(C)

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Tuesday, November 19, 2013 12:13 PM  
**To:** (b)(6),(b)(7)(C)  
**Cc:** (b)(6),(b)(7)(C)  
**Subject:** FW: DMV Photo

Good afternoon (b)(6),(b)(7)(C)  
Can you please assist my partner.  
Thanks,

(b)(6),(b)(7)(C)

Deportation Officer  
ICE/ERO/FNY/JCART  
U.S. Marshals NY/NJ Regional Fugitive Task Force  
(646) 99 (b)(6),(b)(7)(C) Cell  
(646) 80 (b)(7)(C) Desk  
(646) 805-6982 Fax

(b)(6),(b)(7)(C)

---

**From:** (b)(6),(b)(7)(C)

**Sent:** Tuesday, November 19, 2013 12:10 PM

**To:** (b)(6),(b)(7)(C)

**Subject:** DMV Photo

Please see info below and see if you can get me a picture. Thanks.

(b)(6),(b)(7)(C)

NY 11207

(b)(6),(b)(7)(C)

DEPORTATION OFFICER  
ICE/USMS/REGIONAL FUGITIVE TASK FORCE  
88 10TH AVENUE, (b)(6),(b)(7)(C)  
NEW YORK, NEW YORK 10011  
(646) 488-(b)(6) CELL  
(646) 805-(b)(6) DESK  
(646) 805-6982 FAX  
EMAIL (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

---

From: (b)(6),(b)(7)(C)  
Sent: 14 May 2015 06:34:36 -0400  
To: Taskings, FNY  
Subject: FW: DL Photo comparison

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, November 16, 2012 10:37 AM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** FW: DL Photo comparison

Both DMV investigators came out for the arrest of (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, January 04, 2012 2:38 PM  
**To:** (b)(6),(b)(7)(C)  
**Cc:** (b)(6),(b)(7)(C)  
**Subject:** RE: DL Photo comparison

(b)(6),  
(b)(7)(C)

My units downstate office that covers the Bronx is currently involved in investigating several instances of PR licenses being submitted to NY for reciprocal NY licenses, therefore I am going to refer this to the Senior Inv. covering both that investigation and that region his name is (b)(6),(b)(7)(C) (CC'd), his # is (646)542 (b)(6), (b)(7)(C). Reach out to him for further assistance.

(b)(6),(b)(7)(C)

CID on the take-over is (b)(7)(E) looking at our records there should be OFI charges in the Bronx for the License app and NY for his title/reg app. both filed in 2011. Let me know if you need me to procure the 44 and 82 from the warehouse.

Thank you

(b)(6),(b)(7)(C)

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, January 04, 2012 2:19 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: DL Photo comparison

It's a Bronx address and we are going to sit on the car next week. I am going to present the case to SDNY after I get him and charge him with the Illegal re-entry.



---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, January 04, 2012 2:16 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: DL Photo comparison

I am assuming the address is in NYC? If that's the case my unit supervisor will most likely have me refer it to one of our downstate offices. When were you looking at hooking him up? Is he going to be a straight deportation?

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, January 04, 2012 1:55 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: DL Photo comparison

Yep that's him. We don't have a warrant yet on this case because it was a tip case. I do have the address where the car is parked and would arrest him on the street as he is going to the car. Are you interested going out with us on the case?

THANKS

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, January 04, 2012 1:32 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** RE: DL Photo comparison

Looks like (b)(6),(b)(7)(C) to me.

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Wednesday, January 04, 2012 12:53 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** DL Photo comparison

(b)(6),  
(b)(7)(C)

I have enclosed a photo of a tip case for an illegal re-entry to US after being deported. I located the vehicle he is driving and it is registered to a (b)(6),(b)(7)(C). I know that the NYS DL was just recently issued upon surrendering a PR license. I ran that name and DOB in ICE data bases which was a hit for a a/k/a used by another person that was deported. I have enclosed two photos one of my fugitive that is driving the 08 Porsche; plate (b)(6),(b)(7)(C) and one of the other alien that was deported twice. Can you please pull the picture for the client ID and see if the same person. I don't need the photo just want to see if he currently has a NYS DL with another name.

Thank you.  
(b)(6),(b)(7)(C)  
Deportation Officer  
DHS/ICE  
NY/NJ Regional Fugitive Task Force  
88 10th Avenue; (b)(6),(b)(7)(C)



New York, NY 10011

(646) 805-(b) office // (347) 273-(b)(6) cell // (888) 315-8622 fax

(b)(6), (b)(7)(C)

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(b)(6),(b)(7)(C)

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** 14 May 2015 06:34:57 -0400  
**To:** Taskings, FNY  
**Subject:** FW: NYS DMV Law Enforcement Resource Guide  
**Attachments:** NYS DMV Law Enforcement Training Guide 2012.pdf

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Tuesday, March 27, 2012 4:06 PM  
**To:** (b)(6),(b)(7)(C)  
(b)(6),(b)(7)(C)  
**Subject:** FW: NYS DMV Law Enforcement Resource Guide

(b)(6),(b)(7)(C)  
SDDO  
New York Field Office  
646-201 (b)(6) (cell)  
646-805 (b)(7)(C) (desk)

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, March 23, 2012 12:23 PM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** FW: NYS DMV Law Enforcement Resource Guide

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, March 23, 2012 12:12 PM  
**Subject:** NYS DMV Law Enforcement Resource Guide

NYS DMV Law Enforcement Resource Guide

Attached is the 2012 NYS DMV Law Enforcement Guide. It contains points of contact at the Division of Field Investigation, License & Registration Crimes Unit, Central Office Fraud Unit, various field office numbers, how to obtain the following: DMV certified abstracts, DMV copies of accident reports, certified copies of motor vehicle applications, and photo images.



# LAW ENFORCEMENT RESOURCE GUIDE

JANUARY 2012



**NEW YORK STATE DEPARTMENT  
OF MOTOR VEHICLES**

ANDREW M. CUOMO, GOVERNOR  
BARBARA J. FIALA, COMMISSIONER

[WWW.DMV.NY.GOV](http://WWW.DMV.NY.GOV)

---

**NEW YORK STATE**  
**DEPARTMENT OF MOTOR VEHICLES**  
**DIVISION OF FIELD INVESTIGATION**  
**INFORMATION DATA/TOOLS**

**UPDATED January 2012**

**[WWW.NYS DMV.COM](http://WWW.NYS DMV.COM)**



# NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

## DIVISION OF FIELD INVESTIGATION

### ADMINISTRATION

Owen McShane, Director

(518) 474-

(b)(6),(b)(7)(C)

Michael Mulcahy, Assistant Director

(518) 474-

(b)(6),(b)(7)(C)

Chief Investigator

(518) 473-

, Chief Investigator

(518) 473-

Chief Investigator

(585) 482-

**LICENSE & REGISTRATION CRIMES UNIT**- Covers Identity Theft involving DMV issued documents on a statewide basis.

(b)(6),(b)(7)(C)

Supervising Investigator

(518) 473-

(b)(6),(b)(7)(C)

Senior Investigator

(518) 402-

(b)(6),(b)(7)(C)

Senior Investigator

(518) 474-

NYS DMV DFI

Empire State Plaza Room

(b)(6)

Albany, NY 12228

**CENTRAL OFFICE FRAUD UNIT** - Covers Fulton, Montgomery, Schenectady, Albany, Greene, Columbia, Rensselaer, Schoharie.

(b)(6),(b)(7)(C)

Supervising Investigator, Training Coordinator

(518) 408-

(b)(6),(b)(7)(C)

Senior Investigator

(518) 474-

(b)(6),(b)(7)(C)

Senior Investigator

(518) 408-

NYS DMV

6 Empire State Plaza, Room

(b)(6)

Albany, NY 12228

### Albany DFI Office – Covers Odometer Fraud Complaints

Public Complaint Number

(518) 473-1079

(b)(6),(b)(7)(C)

Supervising Investigator

(518) 408-

Senior Investigator

(518) 473-

(b)(6),(b)(7)(C)

Senior Investigator

(518) 408-

NYS DMV DFI

6 Empire State Plaza, Room

(b)(6),  
(b)(7)

Albany, NY 12228

**Albany DFI Field Office** – Covers Franklin, Clinton, Essex, Warren, Washington, and Saratoga Counties. Also covers Auto Theft Investigations in the Capital District.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(518) 486 (b)(6)  
(518) 456 (b)(7)  
(C)

70 Karner Road  
Colonie, NY 12205

**Buffalo DFI Field Office** –Covers Niagara, Genesee, Wyoming, Chautauqua, Cattaraugus, Allegany and Erie Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7) Senior Investigator

(518) 486 (b)  
(716) 826 (b)  
(C)

334-40 Dingens Street  
Buffalo, NY 14206

**Highland DFI Field Office**–Covers Delaware, Sullivan, Ulster, Orange, Dutchess and Putnam Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(518) 486 (b)(6)  
(845) 691 (b)(7)  
(C)

181 North Road  
Highland, NY 12528

**Rochester DFI Field Office**–Covers Orleans, Monroe, Wayne, Livingston, Ontario, Yates, Seneca, Schuyler, Steuben and Chemung Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(518) 486 (b)(6)  
(585) 482 (b)(7)  
(C)

717 Blossom Road  
Rochester, NY 14610

**Syracuse DFI Field Office** – Jefferson, Oswego, Cayuga, Onondaga, Tompkins, Cortland, Tioga and Broome Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(518) 486 (b)(6)  
(315) 458 (b)(7)  
(C)

5801 East Taft Road  
North Syracuse, NY 13212



**Utica DFI Field Office**-Covers Chenango, Otsego, Madison, Oneida, Herkimer, Hamilton, Lewis and St. Lawrence Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
309 South Street  
Utica, NY 13501

(518) 486- (b)(6),(b)(7)  
(315) 793- (b)(6),(b)(7)

**NYC Metro Region 1**-Covers: Bronx, Manhattan, Westchester and Rockland Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(718) 539- (b)(6),(b)(7)  
(914) 345- (b)(6),(b)(7)  
(718) 539- (b)(6),(b)(7)  
(914) 345- (b)(6),(b)(7)

Auto Theft Office  
1 River Street  
Elmsford, NY 10523  
(914) 345- (b)(6),(b)(7)

Field Office – College Point  
30-56 Whitestone Expressway  
College Point, NY  
(718) 539- (b)(6),(b)(7)

**NYC Metro Region 2**-Covers Queens , Richmond and Kings Counties.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(718) 468- (b)(6),(b)(7)  
(718) 468- (b)(6),(b)(7)  
(718) 539- (b)(6),(b)(7)  
(718) 468- (b)(6),(b)(7)

Auto Theft Office  
212-19 99<sup>th</sup> Avenue  
Queens Village, NY 11429  
(718) 468- (b)(6),(b)(7)

Field Office – College Point  
30-56 Whitestone Expressway  
College Point, NY  
(718) 539- (b)(6),(b)(7)

**Long Island Region**-Covers Nassau and Suffolk.

(b)(6),(b)(7)(C) Supervising Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
(b)(6),(b)(7)(C) Senior Investigator  
(b)(6),(b)(7)(C) Senior Investigator

(631) 243- (b)(6),(b)(7)  
(631) 243- (b)(6),(b)(7)  
(718) 553- (b)(6),(b)(7)  
(718) 243- (b)(6),(b)(7)

Auto Theft Office  
20 Mahan Street  
West Babylon, NY 11704  
(631) 243- (b)(6),(b)(7)

Field Office – Springfield Gardens  
168-35 Rockaway Blvd  
Jamaica, NY 11434  
(718) 553- (b)(6),(b)(7)

## **To Obtain DMV Certified Abstracts VIA Fax:**

Complete an MV-15 Request For Driving and/or Vehicle Record Information and fax your request to (518) 473-6534. For Law Enforcement inquiries you may submit a copy of your official ID in lieu of Drivers License. However all Law Enforcement requests must be mailed to the agency at a physical address. They will not be sent to a PO Box or a private address.

### **INFORMATION REQUIRED**

**License Abstracts:**

**Name & date of birth**

**Registration Abstracts:**

**Plate Number**

**Title Abstracts:**

**VIN, year, and make of vehicle**

The MV-15 is available at the department website: [WWW.NYS DMV.COM](http://WWW.NYS DMV.COM)

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## **To Obtain DMV Copies Of Accident Reports**

Complete a MV-198C Request for Accident report and fax the request to (518) 474-0718. For Law Enforcement inquiries you may submit a copy of your official ID in lieu of Drivers License. However all Law Enforcement requests must be mailed to the agency at a physical address. They will not be sent to a PO Box or a private address.

**Information Required: Name & Date Of Birth of Licensee & Date Of Accident**

\*\*\*\*\*Normal Turnaround Time Is Two Weeks\*\*\*\*\*

\*\*\*\*All Documents Are Certified\*\*\*\*

The MV-198C is available at the department website: [WWW.NYS DMV.COM](http://WWW.NYS DMV.COM)



## **To Obtain Certified Copies Of Motor Vehicle Applications:**

Complete an MV-15 Request For Driving and/or Vehicle Record Information and fax your request to (518) 473-6534. For Law Enforcement inquiries you may submit a copy of your official ID in lieu of Drivers License. However all Law Enforcement requests must be mailed to the agency at a physical address. They will not be sent to a PO Box or a private address.

### **INFORMATION REQUIRED**

**REGISTRATION DOCUMENTS:** PLATE NUMBER

**BE SPECIFIC: TYPE OF TRANSACTION AND/OR DATE OF TRANSACTION.**

**EXAMPLE: RENEWALS, ORIGINAL PAPERWORK, MSO, PROOF OF OWNERSHIP, ETC.**

**LICENSE DOCUMENTS:** NAME & DATE OF BIRTH

**BE SPECIFIC; TYPE OF TRANSACTION AND/OR DATE OF TRANSACTION.**

**EXAMPLES: RENEWALS, AMENMENTS, ORIGINALS (ROAD TEST ATTACHED)**

**SUSPENSION /REVOCATION ORDERS: DATE OF SUSPENSION OR  
REVOCATION ORDER**

*The more specific the information the quicker the search and receipt of correct information.*

**\*\*\*\*NORMAL TURNAROUND TIME IS TWO WEEKS\*\*\*\*\***

**\*\*\*\*\*ALL DOCUMENTS ARE CERTIFIED\*\*\*\*\***

**The MV-15 is available at the department website:**

**[WWW.NYSDMV.COM](http://WWW.NYSDMV.COM)**

## TO OBTAIN PHOTO IMAGES

TO OBTAIN A COPY OF A NYS PHOTO DRIVERS LICENSE, SEND A SUBPOENA SIGNED BY A JUDGE OR MAGISTRATE TO THE COMMISSIONER OF MOTOR VEHICLES AT THE FOLLOWING ADDRESS:

**NYS DEPARTMENT OF MOTOR VEHICLES**

**Foil and Subpoena Unit**

**EMPIRE STATE PLAZA**

**SWAN STREET BUILDING, (b)(6),(b)(7)(C)**

**ALBANY, NEW YORK 12228**

**(518) 486 (b)(6),(b)(7)(C)**

**\*\*\*CHECK NYS DMV DRIVING RECORD TO VERIFY THAT A PHOTO IMAGE HAS BEEN KEPT (SEE SAMPLE A ATTACHED). IF NOT, THERE IS NO DRIVERS LICENSE PHOTO AVAILABLE.**

**INFORMATION REQUIRED ON SUBPOENA: NAME, ADDRESS, AND DATE OF BIRTH OF LICENSEE. (ADDRESS IS NOT MANDATORY, BUT IT WILL SPEED UP PROCESS)**

**\*\*\*\*NORMAL TURNAROUND IS THREE DAYS\*\*\*\***

(b)(6),(b)(7)(C),(b)(7)(E)

**SAMPLE A**

**IMAGE CAPTURE DATE: 05/16/2001 KEPT**

**>**

**NOTE\*\*\*\*\*The word kept must follow the image capture date to obtain a copy of a photo driver's license photo**

## *SPECIAL COMPUTER SEARCHES OF DMV RECORDS*

### **LAW ENFORCEMENT AGENCY USE ONLY-CONTACT STATE POLICE**

#### **COMMUNICATION OFFICE AT:**

Contact the State Police at 518-457-(b)(6) or 1-800-372-(b)(6). You can also submit an online request VIA a NYPIN Terminal or eJustice integrated portal.

(b)(7)(E)



***SPECIAL REGISTRATION REQUESTS ARE PERFORMED BY THE STATE POLICE***

**SPECIAL LICENSE AND TITLE REQUESTS ARE PERFORMED BY DMV, HOWEVER, REQUESTS MUST BE SUBMITTED THROUGH THE STATE POLICE.**



**Teletype/Integrated eJustice Portal for Requests for Documents from DMV**

CERTIFIED ABSTRACTS OF DRIVING RECORDS

CERTIFIED COPY OF SUSPENSION/REVOCATION ORDERS

AFFIDAVITS OF REGULARITY

*ALL REQUESTS SHOULD BE MADE TO: NYS-DMV, Field Investigation*

**OFFICIAL REQUESTS WITHIN NYS:**

**LICENSE ABSTRACT REQUESTS: USE** (b)(7)(E) **FORMAT**

**REGISTRATION ABSTRACT REQUESTS:** (b)(7)(E) **FORMAT**

**SEND TO ORI** (b)(7)(E)

*MUST HAVE NAME AND RETURN AND RETURN ADDRESS IN ORIGINAL MESSAGE*

**OFFICIAL REQUESTS -OUT OF STATE**

**LICENSE AND ADMINISTRATIVE REQUESTS:**

**USE** (b)(7)(E)

**\*\*\*\*\*YOU NEED TO INCLUDE NAME & RETURN ADDRESS IN ORIGINAL MESSAGE\*\*\*\*\***

**\*\*\*\*\*ALL DOCUMENTS ARE CERTIFIED\*\*\*\*\***

(b)(6),(b)(7)(C)

From: (b)(6),(b)(7)(C)  
Sent: 14 May 2015 06:32:54 -0400  
To: Taskings, FNY  
Subject: FW: Vermont DL Obtained by Fraud  
Attachments: IMG\_0012.jpg

From: (b)(6),(b)(7)(C)  
Sent: Wednesday, February 04, 2015 6:38 AM  
To: (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

**Subject:** FW: Vermont DL Obtained by Fraud

FYSA

(b)(6),(b)(7)(C)

Assistant Field Office Director  
DHS-ICE-ERO Field Operations  
Field Office New York

(D) 212-264 (b)(6),(b)(7)(C)

(F) 212-264-0853

(24 hr) 1-800 (b)(6),(b)(7)(C)

(Email) (b)(6),(b)(7)(C)

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**From:** (b)(6),(b)(7)(C)  
**Sent:** Thursday, December 11, 2014 12:13 PM  
**To:** (b)(6),(b)(7)(C)  
**Cc:** (b)(6),(b)(7)(C)  
(b)(6),(b)(7)(C)  
**Subject:** Vermont DL Obtained by Fraud

(b)(6),(b)(7)(C)

Attached is a sample of what these fraudulent Drivers licenses will look like. Notice the Red banner at the top. "NOT FOR FEDERAL IDENTIFICATION" These are supposed to be drivers licenses issued to illegal aliens living and working in VT. Primary local farm workers.

If the subject is driving in New Jersey with this license and their vehicle is not licensed in Vermont they most likely obtained the Vermont DL by fraud. (99% Chance)(1% Chance they are visiting family) Many of these subjects have paid facilitators upward of \$2000.00 dollars to obtain these DLs. Vermont has not been very picky on who they have granted them to. We have some that are special interest countries, fugitives, re-entrys, and recent Visa Waiver Violators.

We have arrested some people from New York City, NY. (b)(7)(E)

(b)(7)(E)

I am sending this so you and your staff are aware of the problem. (b)(7)(E)

(b)(7)(E)

Good luck and please keep us informed.

(b)(6),(b)(7)(C) SDDO

DHS/ICE/ERO/BOS

St. Albans, VT 05478

Office (802) 527- (b)(6),(b)(7)(C)

Cell (802) 683- (b)(6),(b)(7)(C)

Fax (802) 527-3269

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(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Vermont

DRIVER'S PRIVILEGE CARD

USA

NOT FOR IDENTIFICATION

ISS 10/30/2014

EXP 02/11/2018

RUTLAND, VT 05701-0000

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Sex M

Hgt

(b)(6),(b)(7)(C)

Wgt

Eyes

End

(b)(6),(b)(7)(C)

Class D

Restrictions NONE

DD

(b)(6),(b)(7)(C)

Rev 02/20/2013

1. To (Name, Address, City, State, Zip Code)  New York-DMV Ph- (518) 473-(b)(6) Fax- (518) 474-8537	<b>DEPARTMENT OF HOMELAND SECURITY</b>  <b>IMMIGRATION ENFORCEMENT</b> <b>SUBPOENA</b> to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4
Subpoena Number (b)(7)	
2. In Reference To <div style="display: flex; justify-content: space-between;"> <div> (b)(6),(b)(7)(C)  _____  (Title of Proceeding) </div> <div> Client Id# (b)(6),(b)(7)(C)  _____  (File Number, if Applicable) </div> </div>	

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

- (A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.
- (B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

3. (A) CBP, ICE or USCIS Official before whom you are required to appear Name (b)(6),(b)(7)(C) Title Supervisor Violent Criminal Alien Section (VCAS) Address 89 10th Ave New York, NY 10011 Telephone Number 646-335-(b)(6),(b)(7)(C)	(B) Date 04/14/2011  (C) Time 10:00 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

4. Records required to be produced for inspection An official investigation is being conducted under authority of the U.S. Department of Homeland Security, relating to possible violations of Titles 18 USC 1028A and 8 USC 1326b1 of the United States Code. This subpoena may be satisfied by contacting Supervisor (b)(6),(b)(7)(C) at 646-335-(b)(6) or via email (b)(6),(b)(7)(C)@dhs.gov, by providing the following: Any/all documents and applications pertaining to (b)(6),(b)(7)(C) DOB: (b)(6),(b)(7)(C) Client Id# (b)(6),(b)(7)(C) motorist id# (b)(6),(b)(7)(C) Address (b)(6),(b)(7)(C) New Rochelle. <b>YOU ARE COMMANDED NOT TO DIVULGE THE EXISTENCE OF THIS SUBPOENA AT ANY TIME, UNLESS ORDERED TO DO SO BY COMPETENT JUDICIAL OR ADMINISTRATIVE AUTHORITY OF THE UNITED STATES.</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

5. (b)(6),(b)(7)(C) _____ (Signature) (b)(6),(b)(7)(C) _____ (Printed Name) Assistant Field Office Director _____ (Title) 04/14/2011 _____ (Date)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



FACSIMILE TRANSMITTAL SHEET

TO:  
*Attn: Record Request*

*DMV*

FROM:

(b)(6), (b)(7)(C)  
Investigative Assistant  
ICE/DRO/VCAS  
New York/New Jersey HIDTA  
88 10<sup>th</sup> Avenue, (b)(6), (b)(7)(C)  
New York, New York 10011  
646-805-(b)(6), (b)(7)(C) Desk  
Email: (b)(6), (b)(7)(C)

COMPANY:

DATE:

**APRIL 14, 2011**

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

**Fax: (518)474-8537**

PHONE NUMBER:

SENDER'S REFERENCE FAX NUMBER:

**646-805-6982**

RE:

YOUR REFERENCE PHONE NUMBER:

**646-805-(b)(6), (b)(7)(C)**

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

Remarks:



NYS Department of  
Motor Vehicles



SIDE DOWN

Please sign your name on the dotted line  
above. Please sign and date.

63686582

(b)(6),(b)(7)  
(C)

63686582



(b)(6),(b)(7)(C)

MV-1 (6/08) PART 3

(b)(6),(b)(7)(C)

VR DECLINED

(b)(6),(b)(7)(C)

INTERIM PERMIT

(b)(6),(b)(7)  
(C)

Class

DOB (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

RESTRICTIONS B

(b)(6),(b)(7)(C)

Birth Certificate-US  
Social Security Card  
NYS Photo Non-Driver ID Card

(b)(6),(b)(7)(C)

Image Capture Number  
Image Capture Time  
Image Capture Operator  
Global Ref Number

(b)(7)(E)

110655

(b)(6)

(b)(7)(E)

MV-44S (8/07) = MV-44 (1/07)



Departamento de Vehículos Motorizados (DMV) del Estado de Nueva York

# **SOLICITUD PARA OBTENER LA LICENCIA DE CONDUCIR O UNA TARJETA DE IDENTIFICACIÓN DE NO CONDUCTOR**

SÍRVASE ESCRIBIR CON LETRA DE IMPRENTA CLARA

Este formulario está disponible también en el sitio Web [www.nysdmv.com](http://www.nysdmv.com)

**SOLICITO** Marque la casilla que corresponda:

- ☒ Permiso de Aprendiz ☐ Tarjeta de Identificación ☐ Renovación ☐ Duplicado ☐ Cambio ☐ Cambio de una licencia de otro estado, del Distrito de Columbia o de una provincia canadiense por una licencia del estado de NY

## **PREGUNTAS SOBRE EL REGISTRO DEL VOTANTE** (Sírvase contestar "sí" o "no").

- Si no se ha registrado para votar donde vive actualmente, ¿desea solicitar el registro?  
 O en caso de que cambie de domicilio, ¿desea notificar el cambio a la Junta Electoral?  
 NOTA: Si no marca ningún casillero, se considerará que ha decidido no registrarse para votar.
- ☐ SÍ - Completar la Sección de la solicitud para el registro de votantes.  
☐ NO - No deseo registrarme ya estoy registrado/No deseo notificar mi cambio de domicilio a la Junta Electoral.

## **REGISTRO DE DONANTES DE ÓRGANOS Y TEJIDOS DEL ESTADO DE NUEVA YORK**

Motorizados que envíen su nombre y otra información que lo identifique al Departamento de Salud del estado de Nueva York para que lo incluyan en su Registro para Donantes de Órganos y Tejidos. También autoriza al Departamento de Salud del Estado de Nueva York a permitir el acceso a la información del Registro SOLAMENTE a organizaciones federales de programa que salvan vidas. Marque este casillero si desea contribuir voluntariamente con \$1 al Life...Pass It on Trust Fund. Debe agregar el donativo de \$1 al pago de su cuota total. Todas las contribuciones al Fondo se utilizan para la investigación de donación y trasplante de órganos y de proyectos educativos para promover la donación de órganos y tejidos.

## **INFORMACIÓN DE IDENTIFICACIÓN**

¿Tiene o ha tenido una licencia de conducir de Nueva York? ☐ Sí ☐ No o una Tarjeta de Identificación de no conductor? ☐ Sí ☐ No

Si ha contestado "Sí" indique el número de identificación como aparece en su licencia o en la tarjeta de identificación de no conductor.

NÚMERO DE LA LICENCIA DE CONDUCTOR O DE IDENTIFICACIÓN DE NO CONDUCTOR (b)(6)(b)(7)(C)

¿Tiene actualmente o ha tenido con anterioridad una licencia de otro estado de los E.U., del Distrito de Columbia o de una provincia canadiense que es válida o que venció el año pasado? ☐ Sí ☐ No Si ha contestado "Sí", ¿dónde se emitió?

Fecha de Vencimiento: Tipo de Licencia: No. de Licencia de Conducir:

Apellido (b)(6)(b)(7)(C)

Nombre

(b)(6)(b)(7)(C)

SEGUNDO NOMBRE

FECHA DE NACIMIENTO

(b)(6)(b)(7)(C)

SEXO

☒ Hombre ☐ Mujer

ALTURA

☐ Pies ☐ Pulgadas  
 5 04

COLOR DE OJOS

BR

NÚMERO DE SEGURO SOCIAL (SSN)

(b)(6)(b)(7)(C)

## **NÚMERO DE TELÉFONO DIURNO (Opcional)**

Código de área

917 9769

(b)(6)(b)(7)(C)

\* Usted debe proveer su número de seguro social. La autoridad para solicitar el número de seguro social es concedida bajo las Secciones 490.3 y 502 de la Ley de Vehículos y Tráfico. La información se utilizará sólo con otras jurisdicciones para conformance a la Ley de Vehículos y Tráfico. Su número no se entregará al público ni se usará en formularios ni solicitudes de licencia de conducir.

DIRECCIÓN DONDE RESIDE

(b)(6)(b)(7)(C)

Cas rurales y/o No. de apartado postal (Si us)

(b)(6)(b)(7)(C)

Estado

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

País

Código postal

Condado

¿Ha cambiado su nombre?

☐ Sí ☒ No

¿Ha cambiado su dirección postal?

☐ Sí ☒ No

¿Ha cambiado el domicilio particular?

☐ Sí ☒ No

Si ha contestado "Sí" escriba su nombre anterior exactamente como aparece en su licencia actual o en la tarjeta de identificación de no conductor.

(b)(6)(b)(7)(C)

**OTRO CAMBIO** ¿Cuál es el cambio y la razón del mismo (nueva clase de licencia, fecha de nacimiento errónea, etc)?

SÍRVASE COMPLETAR Y FIRMAR LA PÁGINA 2.

FOR OFFICE USE

Other Restrictions

Endorsements

Vehicle Restrictions

STOPRESPONS

☐ Failed to sign

☐ Insurance fee

☐ License/Exam considered for Non-Driver ID Card

Licencia

Clase

Special

Conditions

Proof Submitted

☐ Birth Certificate

☐ Passport

☐ License Permit

☐ Image Retrieval

☐ Social Security Card

☐ Other

☐ Driver License/ID

☐ NS Papers

☐ MV-4S

☐ Credit

☐ MV-4S

☐ Credit

☐ MV-4S

☐ Credit

☐ MV-4S

☐ Credit

☐ MV-4S

☐ Credit

A

B

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BA

BB

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BE

BF

BG

BH

BI

BJ

BK

BL

BM

BN

BO

BP

BQ

BR

BS

BT

BU

BV

BW

BX

BY

BZ

CA

CB

CC

CD

CE

CF

CG

CH

CI

CJ

CK

CL

CM

CN

CO

CP

CQ

CR

MV-445 (8/07) = MV-44 (1/07)

PÁGINA 2 DE 2

**SOLAMENTE PARA LOS SOLICITANTES DE LA LICENCIA DE CONDUCIR Y PERMISO DE APRENDIZ.**

1. ¿Ha tenido o lo están tratando de alguno de los siguientes trastornos o tiene una discapacidad anterior que ha empeorado? ☐ Sí ☒ No  
Si ha contestado "Sí", marque todos los casilleros pertinentes.

- ☐ 1. Convulsiones, epilepsia, desmayos o mareos o alguna condición que cause la falta de conocimiento  
☐ 2. Enfermedad cardíaca  
☐ 3. Problemas de audición  
☐ 4. Pérdida de movilidad en una pierna, brazo, pie, mano o visión en un ojo  
☐ 5. Otro (explicar)

Si ha marcado el casillero 1, usted y su médico deberán completar el formulario MV-80U.1, "Declaración Médica para la Unidad de Revisión Médica"; si ha marcado el casillero 2, su médico debe completar el formulario MV-80, "Declaración del Médico". Puede obtener estos formularios en cualquier oficina de Vehículos Motorizados o en [www.nysdmv.com](http://www.nysdmv.com). Si ha marcado los casilleros 3, 4 ó 5, debe comunicarse con una oficina de Vehículos Motorizados para recibir instrucciones.

2. ¿Le han suspendido, revocado o cancelado su licencia de conducir, permiso de aprendiz o privilegio para operar un vehículo motorizado, o le han denegado su solicitud para obtener una licencia en este estado o en alguna otra parte? ☐ Sí ☒ No  
Si ha contestado "Sí", ¿la han restablecido la licencia, el permiso o el privilegio, o le han aprobado la solicitud? ☐ Sí ☒ No

**CONSENTIMIENTO DEL PADRE/MADRE/TUTOR**

- ☐ Licencia Junior  
☐ Tarjeta de identificación de no conductor (menor de 16 años)

El padre, madre o tutor debe firmar aquí

(b)(6), (b)(7)(C)

Soy el padre, madre o tutor del solicitante y autorizo la emisión del permiso de aprendiz, licencia o tarjeta de identificación de no conductor (si es menor de 16 años). Entiendo que soy responsable de certificar que el solicitante haya completado al menos 20 horas de conducción supervisada "de práctica" antes de que el mismo tome el examen práctico, y que esta certificación (MV-262) debe presentarse al momento del examen práctico. Nota: para el padre/madre/tutor. Si el solicitante de la licencia de conducir tiene 17 años y tiene el Certificado de Finalización de Educación Vial (MV-285), esta autorización no es necesaria.

(Relación con el solicitante)

(Fecha)

**SOLAMENTE PARA LOS SOLICITANTES DE UNA LICENCIA DE CONDUCIR COMERCIAL**

1. ¿En los últimos diez (10) años, ha tenido una licencia de conducir del Distrito de Columbia o de algún estado de los Estados Unidos, que no sea Nueva York? ☐ Sí ☒ No  
Si ha contestado "Sí" indique todos los estados o Distrito de Columbia, pero si está presentando una licencia de otro estado, no mencione ese estado.

2. ¿Certifica que cumple con los requisitos del gobierno federal establecidos en la sección 391 del Código de Reglamentos Federales 49 y posee un Certificado de Examinador Médico válido? ☒ Sí ☐ No  
Si la respuesta es "Sí", ingrese el número de licencia del examinador médico y el estado que la emitió: \_\_\_\_\_ y la fecha de vencimiento del certificado médico: \_\_\_\_\_  
Si la respuesta es "NO", su capacidad de conducir vehículos comerciales estará limitada a vehículos municipales y/o autobuses escolares únicamente? ☐ Sí ☒ No  
IMPORTANTE: Para obtener una explicación de los requisitos y operaciones que no requieren de un Certificado de Examinador Médico de 49 CFR 391, consulte el formulario MV-44.5: Requisitos Federales para Solicitar Licencias de Conducir Comerciales.

**CERTIFICACIÓN**

Declaro que la información que he indicado en esta solicitud es verdadera según mi conocimiento. Si solicito el duplicado de una licencia, certifico que soy el titular de una licencia de conducir válida del estado de Nueva York, que no está suspendida ni revocada y que he perdido, mutilado o destruido esta licencia. Si solicito el duplicado de una tarjeta de identificación de no conductor, certifico que soy el titular de una tarjeta de identificación de no conductor válida del estado de Nueva York y que he perdido, mutilado o destruido esta tarjeta de identificación de no conductor. De encontrar la licencia o la tarjeta de identificación de no conductor perdida después de que haya recibido el duplicado de la licencia o de la tarjeta de identificación de no conductor, devolveré el original al Departamento de Vehículos Motorizados de Nueva York. Si estoy cambiando una licencia de otro estado por una del estado de Nueva York, certifico que he sido residente permanente del estado o provincia en la que se emitió mi licencia al momento de su emisión, que dicha licencia tiene una validez MINIMA DE SEIS MESES, y que no he sido reprobado en ninguna prueba de conducción para obtener la licencia del estado de Nueva York en los últimos 12 meses. Entiendo que queda a criterio del Comisionado de Vehículos Motorizados si debo presentarme o no a la prueba de conducción y a la prueba escrita. Si soy un hombre de al menos 18 pero no mayor de 26 años de edad, consiento a ser Inscrito con el Sistema de Servicio Selectivo (SSS), si así lo requiere la ley federal. Autorizo al Comisario a enviar al SSS mi información personal requerida para mi inscripción. Si para el pago de los honorarios relacionados con esta solicitud uso una tarjeta de crédito, tengo entendido que mi firma, que aparece más abajo, autoriza también el uso de mi tarjeta de crédito.

FIRME AQUÍ

(b)(6), (b)(7)(C)

SÍRVASE ESCRIBIR SU NOMBRE

(b)(6), (b)(7)(C)

E IMPRENTA

IMPORTANTE: Si la identificación de no conductor, o en cualquier prueba o declaración con relación a ella, o fallar a la verdad o sustituir o al hacer que otra persona falte a la verdad o sustituya algo relacionado con dicha solicitud, lo que podrá resultar en la revocación o suspensión de su licencia o tarjeta de identificación de no conductor.

**AUTORIZACIÓN DEL USO DE LA TARJETA DE CRÉDITO SI EL SOLICITANTE NO ES EL TITULAR DE LA TARJETA**

Mi firma autoriza a \_\_\_\_\_ para que use mi tarjeta de crédito a fin de pagar los honorarios pertinentes en relación con esta solicitud.

Firme

aquí

(Título)

de completo)

del examinador)

**TEST RESULTS (RESULTADOS DE LA PRUEBA)**

Eyes / Visión ☐ Pass ☒ Corrective Lens / Aprobado / Lentes correctivas  
 Written / Escrito ☒ Pass ☐ Fail / Aprobado / Reprobado

Applicant's Signature (Firma del solicitante)

Exa

(b)(6), (b)(7)(C)



MV-2000 (3/03)		NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES		EXAM NO.	A 0 6 1 3 3 7 0 S P A
03/19/2005		EXAMEN ESCRITO PARA LA LICENCIA DE CONDUCIR			
INSTRUCCIONES: ESCRIBA SU NOMBRE COMPLETO EN LETRAS DE MOLDE Y PONGA SU FIRMA, COMO APARECE EN SU SOLICITUD DE LICENCIA, EN LOS CUADROS DIRECTAMENTE ABAJO. ESTE EXAMEN CONSISTE DE 20 PREGUNTAS. COLOQUE LA LETRA DE SU RESPUESTA EN LOS CUADROS QUE APARECEN A LA DERECHA DE CADA PREGUNTA. SOLAMENTE HAY UNA RESPUESTA CORRECTA PARA CADA PREGUNTA. LEA CUIDADOSAMENTE.					
SU NOMBRE	FIRMA	SU NOMBRE COMPLETO	FECHA		
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	6/24/09		
1) MIENTRAS MANEJA POR UNA CALLE, OYE UD. UNA SIRENA. EN EL MOMENTO, NO PUEDE VER EL VEHICULO DE EMERGENCIA. DEBE UD.					
A ACCELERAR Y VIRAR EN LA PRÓXIMA INTERSECCIÓN	B REDUCIR LA VELOCIDAD PERO NO PARAR HASTA QUE LO VEA	C SEGUIR MANEJANDO HASTA QUE VEA EL VEHICULO	D DIRIGIRSE A LA ACERA Y MIRAR SI AVANZA POR SU CALLE	RES 14	
2) UD. QUIERE VIRAR A LA DERECHA EN LA PRÓXIMA INTERSECCIÓN. DEBE EMPLEAR LAS LUCES DE DIRECCIÓN.					
A EN CUANTO PUEDA VER LOS CARROS QUE VAN DETRÁS	B CUANDO LLEGUE A LA INTERSECCIÓN	C A POR LO MENOS 100 PIES ANTES DEL VIRAJE	D A POR LO MENOS 50 PIES ANTES DEL VIRAJE	RES 10	
3) SI SE REVIENTA UNA GOMA, LO QUE SE DEBE HACER					
A ACCELERAR PARA AUMENTAR LA TRACCIÓN	B MANTENERSE FIRMEMENTE ASIDO AL VOLANTE	C FRENAR Y LUEGO PONER EN NEUTRO EL EJE DE ATRÁS	D PONER EN NEUTRO EL CAMBIO DE MARCHA	RES 10	
4) ¿A CUÁL DE LOS SIGUIENTES HAY QUE RESPONDER SOBRE LOS OTROS?					
A THE MOTORIST					



## New York State Department of Motor Vehicles

**FREEDOM OF INFORMATION LAW REQUEST FORM**

↓ Requester, enter your Name and Address ↓

Lt. (b)(6)(b)(7)(C)  
 955 Hutchinson River Parkway  
 Bronx, NY 10465

Daytime telephone  
 number (optional) 718-828 (b)(6)(b)(7)(C)

**PAYMENT METHOD • DO NOT SEND CASH •**
☒ Exempt ☐ Check ☐ Money Order

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

ZIP Code Associated with Card: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

In the following space, describe in detail the **DMV records** you are requesting copies of. Please be as specific as possible. If you are requesting a driver license record or application, a vehicle registration record or application, or a vehicle title record or application, please use form MV-15 (Request for Driver and/or Vehicle Record Information). For accident reports, use form MV-198C (Request for Copy of an Accident Report). These forms are available on-line at [www.dmv.ny.gov](http://www.dmv.ny.gov).

It is requested that the audio recording pertaining to summons (b)(6)(b)(7)(C) which was adjudicated on September 14, 2010 in Staten Island Traffic Violation Bureau, be furnished to the undersigned.

**PLEASE READ THE FOLLOWING INFORMATION BEFORE SUBMITTING YOUR REQUEST.**

**Fees:** Section 202 of the Vehicle and Traffic Law requires a \$10.00 search fee and a copy fee of \$1.00 per page. A \$10.00 search fee must accompany your FOIL request unless you are, or your organization is, exempt from paying fees. Government agencies, public officers, boards or bodies or volunteer fire companies are exempt. The search fee must be charged for every search even if no record is found.

We will send you a bill for fees beyond the \$10 search fee. In some cases, we may send an estimated bill and request payment before sending the records to you. Checks should be made payable to the Commissioner of Motor Vehicles.

If you wish to inspect records rather than receive copies, please state so in your request. We will arrange for inspection of the records. There is no fee for inspection of records (aside from the \$10 search fee).

Personal information on certain DMV records is protected by the Federal Driver's Privacy Protection Act (18 U.S.C. 2721 et seq) and also by sections 87 and 89 of the NYS Public Officer's Law. Records that pertain to a motor vehicle operator's license, permit, motor vehicle title, motor vehicle registration, or identification card issued by DMV are protected by the Driver's Privacy Protection Act. If the records you are requesting may be protected by the Driver's Privacy Protection Act:

1. identify your permissible use from the list on page 2 of this form;
2. sign the certification statement near the bottom of page 2; and
3. include a photocopy of your: driver license or government-issued non-driver ID card. (You may black out the picture.)

→ **Step 1) Check the permit use(s) for the records you are requesting:** Lt. Merc Fabregas

1. ☒ Use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
2. ☐ Use in connection with matters of: • motor vehicle or driver safety and theft • motor vehicle emissions • motor vehicle product alterations, recalls, or advisories • performance monitoring of motor vehicles, motor vehicle parts and dealers • motor vehicle market research activities, including survey research and • removal of non-owner records from the original owner records of motor vehicle manufacturers. 18 U.S.C. Sec 2721 (b)(2)
3. ☐ Use in the normal course of business by a legitimate business or its agents, employees, or contractors **ONLY**:
  - to verify the accuracy of personal information submitted by the individual to the business; **AND**
  - if such information as so submitted is not correct or is no longer correct, to obtain the correct information, **BUT ONLY for the purposes of preventing fraud by the individual or pursuing legal remedies or recovering on a debt or security interest against the individual.** 18 U.S.C. Sec 2721 (b)(3)
4. ☐ Use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulating body, including:
  - the service of process • investigation in anticipation of litigation • the execution or enforcement of judgments and orders **OR** • pursuant to an order of a federal, state or local court. 18 U.S.C. Sec 2721 (b)(4)
5. ☐ Use: • in research activities **AND** • in producing statistical reports, so long as the personal information is not published, redisclosed or used to contact individuals. 18 U.S.C. Sec 2721 (b)(5)
6. ☐ Use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors in connection with:
  - claims investigation activities • anti-fraud activities • rating or • underwriting. 18 U.S.C. Sec 2721 (b)(6)
7. ☐ For use in providing notice to the owners of towed or impounded vehicles
8. ☐ Use by any requester if the requester demonstrates that he/she has obtained written consent of the individual to whom the information pertains. 18 U.S.C. Sec 2721 (b)(13)
9. ☐ For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.
10. ☐ For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under Chapter 313 of title 49 ([49 U.S.C. § et seq.].
11. ☐ For use in connection with the operation of private toll transportation facilities.
12. ☐ Use specifically authorized under NYS law, IF such use is related to the operation of a motor vehicle or public safety. [18 U.S.C Sec. 2721 (b)(14)] Cite the specific NYS law here: \_\_\_\_\_
13. ☐ Any personal information in the documents requested pertains to me.

**Note:** If you checked any boxes from 1 through 14, complete Steps 2 and 3 below.

→ **Step 2) Attach a copy of your driver license or government-issued identification card. (You may black out the picture.)**

→ **Step 3) Sign the following Privacy Certification:**

I certify that I have read the Driver's Privacy Protection Act (18 USC Sec 2721 et seq) and will comply fully with the terms of such law. I also certify that I shall not use or disclose any information provided by the Department of Motor Vehicles that is not specifically authorized \_\_\_\_\_ on provided by the Department of Motor Vehicles Act.

Requester's Signature (required)

Lt. \_\_\_\_\_

July 7, 2011

DL#

Mail your request to:

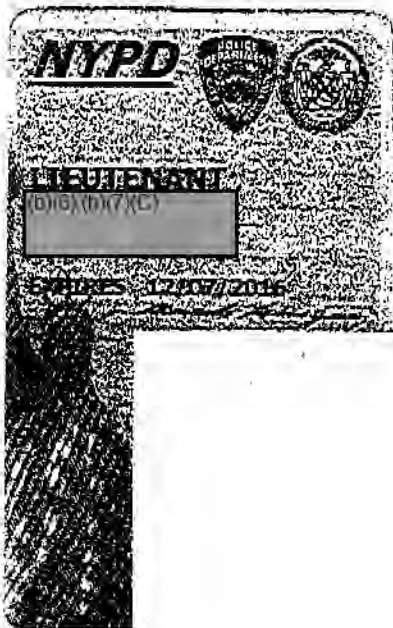
NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES  
FREEDOM OF INFORMATION LAW OFFICE  
6 EMPIRE STATE PLAZA, ROOM 600  
ALBANY NY 12228

NY-18F (8/11)

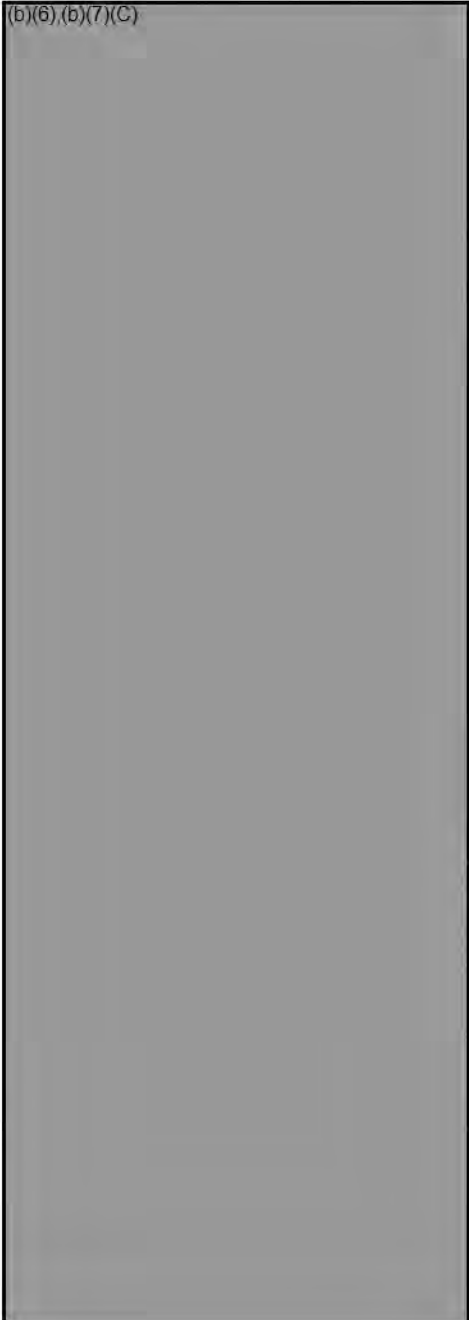
www.dmv.ny.gov

PAGE 2 OF 2

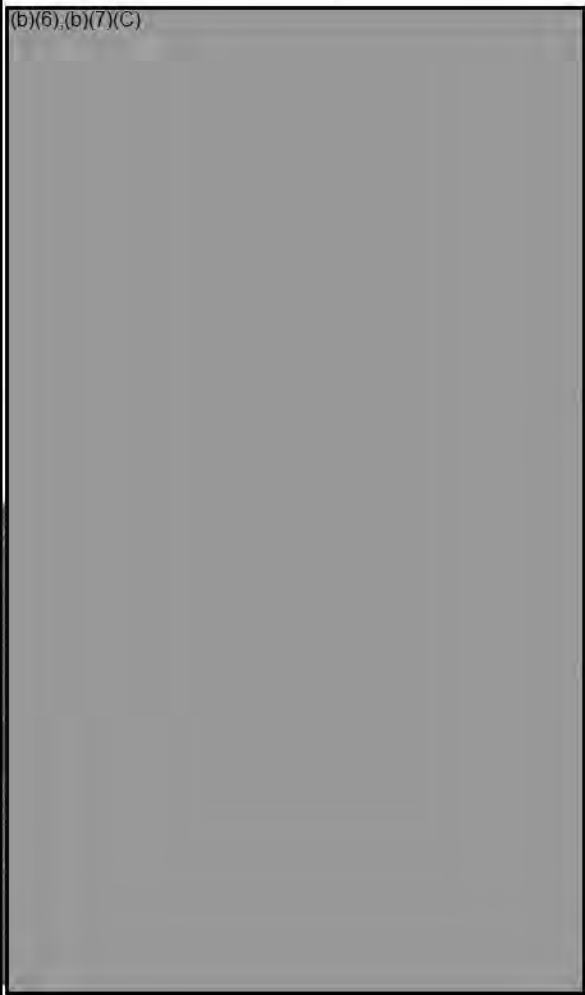




(b)(6),(b)(7)(C)

A large rectangular area of the document is completely redacted, appearing as a solid gray block. It occupies the left half of the page.

(b)(6),(b)(7)(C)

A rectangular area of the document is completely redacted, appearing as a solid gray block. It is positioned to the right of the first redacted area.

**NY DMV photos**

(b)(7)(E)

<b>1. To (Name, Address, City, State, Zip Code)</b> NYS DMV: Subpoena Office, Room (b)(6), 6 Empire State Plaza Albany, NY 12228 Phone: 518-473-(b)(6) Fax: 518-474-8537		<b>DEPARTMENT OF HOMELAND SECURITY</b>  <b>IMMIGRATION ENFORCEMENT</b> <b>SUBPOENA</b> to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4	
Subpoena Number 866			
<b>2. In Reference To</b>  (b)(6)(b)(7)(C) (Title of Proceeding)		(b)(6)(b)(7)(C) (File Number, if Applicable)	

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

- (A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.
- (B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

<b>3. (A) CBP, ICE or USCIS Official before whom you are required to appear</b> Name (b)(6)(b)(7)(C) Title Deportation Officer Address DHS/ICE - NY/NJ Regional Fugitive Task Force 88 10th Avenue, (b)(6)(b)(7)(C), New York, NY 10011 Telephone Number 646-805-(b)(6) Fax: 646-805-6982		<b>(B) Date</b> 10/27/2014  <b>(C) Time</b> 12 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
<b>4. Records required to be produced for inspection</b> This subpoena may be satisfied by providing the relevant information to (b)(6)(b)(7)(C) via email at (b)(6)(b)(7)(C) or fax 646-805-6982. Any/All DMV applications associated with (b)(6)(b)(7)(C) Client ID# (b)(6)(b)(7)(C) photos, documents used to apply for licenses/non drivers identification card, a lifetime driver abstract, and the information on the location of the office of the most recent application.  Please produce the records in electronic format if possible.		



If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)
(Printed Name)
Assistant Field Office Director
(Title)
10/30/2014
(Date)



## CERTIFICATE OF SERVICE AND ACKNOWLEDGMENT OF RECEIPT

## A. CERTIFICATE OF SERVICE

I certify that on 10/30/14, I served this subpoena on the witness named in Block 1 in the following manner:Email ☒ Fax ☒

(b)(6), (b)(7)(C)

(Details of how service was effected)

(Signed)

(Signature)

(Printed)

(Signature)

Deportation Officer

(Title of Official Serving Subpoena)

## B. ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of a copy of the subpoena on the front of this form.

Signature

Title

Date

Time

☐ a.m.☐ p.m.

**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

6 EMPIRE STATE PLAZA, ALBANY NY 12228

Client ID: (b)(7)(E)

GRN: (b)(7)(E)

Image Capture Date: Apr 10, 2009, 11:41:35 AM

Image Captured By: (b)(6)



(b)(6),(b)(7)(C)



This is to certify that this image is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.



*Barbara J. Fiala*

Barbara J. Fiala

COMMISSIONER OF MOTOR VEHICLES

New York State DMV - COMPASS

Requestor: (b)(6),  
(b)(7)

Date: 10/30/2014 13:06:14

## SEARCH CRITERIA

Client ID: (b)(7)(E)

Options: Full Record

## LICENSE SYSTEM

Client ID: (b)(7)(E)

MI: (b)(6), (b)(7)(C)

Name: (b)(6), (b)(7)(C)

DOB: (b)(6), (b)(7)(C)

Gender: MALE

Address: (b)(6), (b)(7)(C)

Resident County: QUEENS

Eye Color: BRN

FOREST HILLS, NY 11375-0000

Mailing County: QUEENS

Height: 5-10

Temp Visitor: NO

Military: NO

Bad Check: NO

Organ Donor: NO

SSN Last 4: (b)(6)

Verified: 04/10/2009

Verif Type: SSN

Veteran: NO

VERIFIED

Driving Restrictions: CORRECTIVE LENSES

## SUMMARY

## \*\*\* LICENSE \*\*\*

Class: \*D\*

Expiration: 02/26/2022

Privilege: FULL

Comm Privilege: NONE

Status: VALID

Comm Status: NONE

19A Status: NOT APPLICABLE

## \*\*\* PERMIT \*\*\*

Class: \*D\*

Status: ORIGINAL- LICENSE PRIVILEGE  
ISSUED

Issued: 04/10/2009

Mailed: 04/20/2009

Exp: 02/26/2014

Last Doc Issued: \*D\*

Issued: 02/07/2014

Mailed: 02/14/2014

Type: LICENSE

## CURRENT LICENSE

Lic Class: \*D\*

Probation Start: 08/14/2009

Probation End: 02/14/2010

Expires: 02/26/2022

Endorsements: NONE

Blue Card: NO

Batch: (b)(7)(E)

Batch Date: 02/07/2014

Terminal Num: (b)(7)

Driver ReHab: NO

Unvalidated Original: NO

ID Issued: NO

Permit Privilege: YES

Duplicate: NO

## PERMIT HISTORY

Permit Class: \*D\*

Applied: 04/10/2009

Mailed: 04/20/2009

Expires: 02/26/2014

Permit Status: LICENSE PRIVILEGE ISSUED

Permit Pending: NO

Coterminous: YES

Surrendered: NO

Restrictions: NONE

Endorsements: NONE

Batch: (b)(7)(E)

Batch Date: 04/10/2009

Terminal Num: (b)(7)

Skills Tests Available: 1

## DOCUMENT

Class: D

Type: LICENSE (STATE ID)

Issue Date: 02/07/2014

Mail Date: 02/14/2014

Expiration: 02/26/2022

Doc Name: (b)(6), (b)(7)(C)

Doc Status: PRODUCED AND  
MAILED

User:

Office:

System: (b)(7)

Trans: (b)(7)

## CLASSES

Class: D

Effective: 08/18/2009

Cycle: 02/26/2014

Post Date: 02/07/2014

Expiration: 02/26/2022

User: (b)(6), (b)(7)(C)

Office: (b)(7)(E)

Terminal: (b)(7)

System: (b)(7)

Trans: (b)(7)

Class: D

Effective: 08/18/2009

Cycle: 08/18/2009

Post Date: 08/18/2009

Expiration: 02/26/2014

User: (b)(6), (b)(7)(C)

Office: (b)(7)

Terminal: (b)(7)

System: (b)(7)(E)

Trans: (b)(7)

## ACTIVITY (9)

Activity Type

Date

Office

Additional Info

Batch

Image Capture

04/10/2009

Image: KEPT



NDR Inquiry	02/07/2014	(b)(7)	Time:3:39 PM	Initia (b)(6)	(b)(7)(E)
		Status:	NDR=N SOR= CDLIS=	Inquiry Type:	LICENSING SEARCH
NDR Inquiry	08/18/2009	(b)(7)	Time:7:20 AM	Initia (b)(6)	(b)(7)(E)
		Status:	NDR=I SOR= CDLIS=I	Inquiry Type:	LICENSING SEARCH
NDR Inquiry	04/10/2009	(b)(7)	Time:1:10 PM	Initia (b)(6)	(b)(7)(E)
		Status:	NDR=I SOR= CDLIS=I	Inquiry Type:	LICENSING SEARCH
Road Test Results	08/14/2009		Skills Test:RTRS-D	Added:	(b)(7)(E)
			Rmvd:		
History	08/18/2009	(b)(7)			(b)(7)(E)
Class Change	08/18/2009		New:*D*	Old:PERMIT	8:
History	08/18/2009	(b)(7)			H
Voter Reg NOT Req	02/07/2014	(b)(7)			Q

## ADDRESS

Posted:04/10/2009  
Address:(b)(6),(b)(7)(C)  
FOREST HILLS, NY 11375-6702  
Country:US  
User Id:(b)(6)

Office Code

(b)(7)(E)

Archived:  
Type:MAILING  
County:QUEENS  
Status:PASSED VALIDATION  
Source:LICENSE TP

(b)(7)(E)

NY-1 (10/12) PART 1

WR DECLINED

(b)(7)(E)

INTERIM LICENSE

(b)(6),(b)(7)(C)

Class D

DOB (b)(6),(b)(7)(C)

(b)(7)(E)

80.50 (b)(6),(b)(7) CREDIT CARD

RESTRICTIONS B

NYS Photo Driver License



Welcome to the  
Jamaica DMV

**W014**

License Renew Replace Reservation

Watch for Your Number  
On the Board

2-07-14

3:35pm

MV-44 (8/13)



New York State Department of Motor Vehicles

## APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

This form is also available on DMV's web site at: www.dmv.ny.gov

If you are interested in applying for an Enhanced Driver License or Non-driver Identification Card (EDL/ID), or upgrading your current NYS document to an EDL/ID please see forms MV-44EDL and MV-44.1EDL.

I AM APPLYING FOR A: (check any that apply):

☐ Learner Permit ☐ ID card ☒ Renewal ☐ Replacement ☐ Change ☐ NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

## VETERAN STATUS

☐ Check this box if you would like to have "Veteran" printed on the front of your photo document.

You must present proof that indicates an honorable discharge from military service. For additional information, please see form MV-44.1.

## VOTER REGISTRATION QUESTIONS

(Please answer "yes" or "no") NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?

☐ YES - Complete Voter Registration Application Section (Not necessary if you will be applying in person at a DMV office).☒ NO - I Decline to Register/Already Registered/I do not want to notify the Board of Elections of my change of address.

## NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the following section)

To enroll in the NYS Department of Health's Donate Life<sup>SM</sup> Registry, check the "yes" box and then sign and date below. You are certifying that you are: 18 years or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "ORGAN DONOR" will be printed on the front of your DMV photo document. You will receive a confirmation from DOH, which will also provide you an opportunity to limit your donation.

You must answer the following question: Would you like to be added to the Donate Life Registry? ☐ Yes ☐ Skip This Question

Donor Consent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☒ Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

## IDENTIFICATION INFORMATION

Do you now have, or did you ever have a New York:

Driver license? ☒ Yes ☐ NoLearner permit? ☐ Yes ☐ NoNon-driver ID Card? ☐ Yes ☐ No

If "Yes", enter the identification number as it appears on the license, learner permit, or non-driver ID card.

NYS DRIVER LICENSE, LEARNER PERMIT, or

(b)(6)(b)(7)(C)

FULL LAST NAME (b)(6)(b)(7)(C)

FULL FIRST NAME (b)(6)(b)(7)(C)

FULL MIDDLE NAME

Do you have or did you ever have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? ☐ Yes ☐ No

If "Yes", where was it issued? \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Type of License: \_\_\_\_\_ License ID No.: \_\_\_\_\_

SUFFIX

DATE OF BIRTH (b)(6)(b)(7)(C)

SEX

☒ Male ☐ Female

HEIGHT

5'10"

EYE COLOR

BRN

DAY PHONE NO. (Optional)

Area Code: 718 768 (b)(6)(b)(7)(C)

SOCIAL SECURITY NUMBER (SSN) \* You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law.

(b)(6)(b)(7)(C)

The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL

(b)(6)(b)(7)(C)

Street Name, Rural Delivery and/or box number (if PO Box, also fill in "Address Where You Live" below)  
Ap. No. City or Town State Zip Code County

Forest Hills NY 11375 QNS

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX.

Ap. No. City or Town State Zip Code County

Has your name changed? ☐ Yes ☐ NoHas your mailing address changed? ☐ Yes ☐ NoHas the address where you live changed? ☐ Yes ☐ No

If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

☐ Yes ☐ No

## OTHER CHANGE:

What is the change and the reason for it (new license class, wrong date of birth, etc.)?

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

COMPLETE AND SIGN PAGE 2

ENDORSEMENTS	Other Restrictions		License Class	A	B	C	NCOL-C	D	DJ
	Endorsement		Special Conditions	AM	PP	DP	M	RL	BC
	Vehicle Restrictions			ML	NF	UC	UP	KT	
	STOP/RESPONSE	<input type="checkbox"/> Failed to answer questions <input type="checkbox"/> TEENS <input type="checkbox"/> Insurance lapse	Proof Submitted:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Driver License/ID <input type="checkbox"/> MV-44 <input type="checkbox"/> Approved By					
			<input type="checkbox"/> Passport <input type="checkbox"/> Learner Permit <input type="checkbox"/> INS Papers <input type="checkbox"/> Credit Card						
			<input type="checkbox"/> Image Retrieved <input type="checkbox"/> Social Security Card <input type="checkbox"/> Medical Certificate						
			Other:						
			License/Permit Surrendered for Non-Driver ID Card						



MV-44 (8/13)

PAGE 2 OF 2

**DRIVER LICENSE AND LEARNER PERMIT APPLICANTS ONLY**

1. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere, in this or any other name? ☐ Yes ☒ No  
If "Yes", has your license, permit or privilege been restored, or your application approved? ☐ Yes ☒ No
2. Have you had, or are you currently receiving treatment or taking medication for any condition which causes unconsciousness or unawareness such as convulsive disorder, epilepsy, fainting or dizzy spells, or heart ailment? ☐ Yes ☒ No  
If "Yes", you and your doctor must complete form MV-80U.1, even if you have been released from the Medical Review Program. This form can be obtained at any Motor Vehicles office or at [www.dmv.ny.gov](http://www.dmv.ny.gov).
3. Do you need a hearing aid or full view mirror while operating a motor vehicle? ☐ Yes ☒ No
4. Have you lost use of a leg, arm, hand or eye? ☐ Yes ☒ No
- 4a. If you are renewing your license and answered "Yes", is this a new condition since your last license? ☐ Yes ☒ No
- 4b. If you answered "NO" to 4a, has your condition worsened since your last license? ☐ Yes ☒ No

**PARENT/GUARDIAN CONSENT** ☐ Junior License ☐ Non-driver ID Card (under 16)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 50 hours of supervised "practice" driving, including 15 hours of driving after sunset, prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.

Parent or Guardian  
Sign Here

(Relationship to Applicant)

(Date)

**Teen Electronic Event Notification Service (TEENS)**

I would like to enroll in the TEENS program to be notified if the under 18 year-old applicant receives a conviction, suspension, revocation or an accident on their license file. For more information about this program, see form MV-1048, How to Enroll in TEENS or MV-1058, TEENS FAQs. This is a **FREE** service.

NYS Client ID of Consenting Parent or Guardian Above-Required

**COMMERCIAL DRIVER LICENSE APPLICANTS ONLY**

1. In the past 10 years, was a driver license issued to you from another state in the U.S. or the District of Columbia? ☐ Yes ☒ No  
If YES, write the name of each one (if you turn in a license from another state, do not include that state): \_\_\_\_\_

2. You **MUST** certify to DMV that you operate (or expect to operate) a CMV in one of the following four driving types (select only one):

- ☐ Non-excepted Interstate (NI) - certified medical status required. (Age 21 or older; operate/expect to operate Interstate)  
☐ Non-excepted Intrastate (NA) - certified medical status required. (Age 18 or older; operate/expect to operate in NYS only; must have K restriction)  
☐ Excepted Interstate (EI) - (Age 18 or older; operate/expect to operate Excepted Operation Only; must have A3 restriction)  
☐ Excepted Intrastate (EA) - (Age 18 or older; operate/expect to operate Excepted Operation Only and in NYS Only; must have A3 and K restriction)

If the driving type you selected requires certified medical status (NI or NA) you must provide a legible copy of your current USDOT Medical Examiner's Certificate to DMV if it is not already on file. Please see DMV form MV-44.5 if additional information is needed to help you determine your driving type.

**CERTIFICATION** I certify that the information I have given on this application is true. If I am applying for a replacement license or non-driver identification card, I certify that the license or non-driver identification card has been lost, stolen or mutilated and that, if the lost license or non-driver identification card is found, I will turn it in to the Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that such license has been valid for at least 6 months, and that I have not failed a road test in NYS in the last 12 months. If I am a male at least 18 but less than 26 years old, I consent to be registered with the Selective Service System, if so required by federal law, and authorize the forwarding of any personal information required for such registration. My signature below also authorizes use of my credit card, if applicable.

**IMPORTANT:** Making a false statement to any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting false information in connection with such application, may subject you to criminal prosecution for a misdemeanor or the Penal Law.

SIGN HERE

PLEASE PRINT

NAME

**CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:**

My signature authorizes \_\_\_\_\_  
to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.

Sign  
Here

(Cardholder Sign Name in Full)

(b)(6)/(b)(7)(C)

**TEST RESULTS**

Eye ☒ Pass ☒ Corrective Lens  
Written ☐ Pass ☐ Fail

1

2

(b)(6)/(b)(7)(C)

(b)(6)/(b)(7)(C)

MV-1 (6/08) PART 3

(b)(7)(E)

(b)(7)(E)

VR DECLINED

(b)(7)(E)

APPROVED BY DMV

(b)(6),(b)(7)(C)

Class D

DOB 02/26/62M

(b)(7)(E)

55.00 (b)(7)(E) CREDIT CARD

SSN Verified

U.S. Passport or Passport Card  
Social Security Card

Image Capture Number

(b)(7)(E)

Image Capture Time

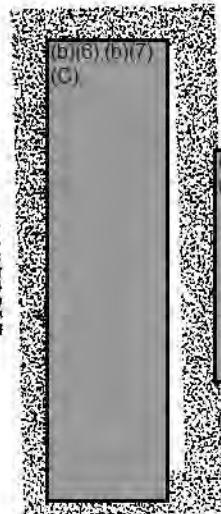
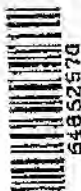
114135

Image Capture Operator

(b)(6),(b)(7)(C)

Global Ref Number

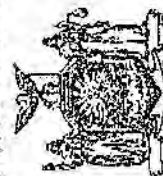
(b)(7)(E)



(b)(7)(E)

Please sign your name on the dotted line above. Please sign only in the white area within the pink box.

INSERT THIS SIDE DOWN



NYS Department of  
Motor Vehicles

NY-44 (9/08)



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: www.nysdmv.com

If you are interested in applying for an Enhanced Driver License or Non-driver Identification Card (EDLID), or upgrading your current NYS document to an EDLID please see forms MV-44EDL and MV-44.1EDL.

I AM APPLYING FOR A: (check any that apply)

☒ Learner Permit ☐ ID card ☐ Renewal ☐ Replacement ☐ Change ☐ NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

VOTER REGISTRATION QUESTIONS: (Please answer "yes" or "no")

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?  
 NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

NEW YORK STATE ORGAN AND TISSUE DONATION: SIGN BELOW to enroll in the NYS Department of Health's Donate Life Registry. By signing, you are certifying that you are: 18 years of age or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "ORGAN DONOR" will be printed on the front of your DMV photo document. You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

Donor Consent Signature:

Date:

☐ Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

IDENTIFICATION INFORMATION: Do you now have, or did you ever have:

a New York driver license? ☐ Yes ☒ No or a non-driver ID Card? ☐ Yes ☒ No  
 If "Yes", enter the identification number as it appears on the license or non-driver ID card.

NYS DRIVER LICENSE OR NON-DRIVER ID CARD NUMBER

FULL LAST NAME  
 FULL FIRST NAME  
 FULL MIDDLE NAME

Do you have or did you ever have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? ☐ Yes ☒ No  
 If "Yes", where was it issued?

Date of Expiration:  
 Type of License:  
 License ID No.:

SUFFIX DATE OF BIRTH SEX HEIGHT EYE COLOR DAY PHONE NO. (Optional)  
 (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Male Female (5'10") (BR) Area Code (b)(6)(b)(7)(C) 268

SOCIAL SECURITY NUMBER\* (SSN) \*You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number (if PO Box, also fill in "Address Where You Live" below)  
 (b)(6)(b)(7)(C) Apt. No. City or Town State Zip Code County FLUSHING NY 11375 ON

ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX)  
 (b)(6)(b)(7)(C) Apt. No. City or Town State Zip Code County FOREST HILLS NY 11375 ON

Has your name changed? ☐ Yes ☒ No Has your mailing address changed? Has the address where you live changed? ☐ Yes ☒ No  
 If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

PLEASE COMPLETE AND SIGN PAGE 2.

Other Restrictions (B)	License Class	A	B	C	NDL-C	D	DJ
		E		ID	M		MJ
		AM	PP	DP	LR	LS	SC
		ML	RF	UC	UP	UR	X6
Vehicle Restrictions	Special Conditions						
STOP/RESPONSE		Proof Submitted:		Date			
<input type="checkbox"/> Failed to answer questions		<input checked="" type="checkbox"/> Driver Certificate		4/10			
<input type="checkbox"/> Insurance lapse		<input type="checkbox"/> Driver License ID					
<input type="checkbox"/> I have failed to meet the requirements		<input type="checkbox"/> Exam Paper					
		<input type="checkbox"/> INS Papers					
		<input type="checkbox"/> Credit Card					
		<input checked="" type="checkbox"/> Social Security Card					
		Other:					



## DSW Capture Receipt

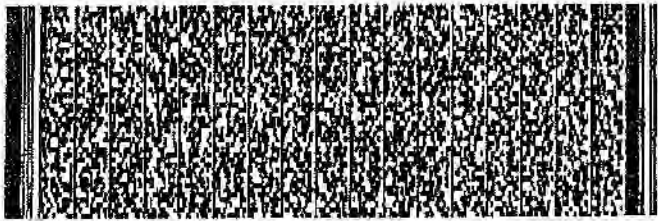
DRN: (b)(7)(E)

Terminal Number: (b)(7)(E)

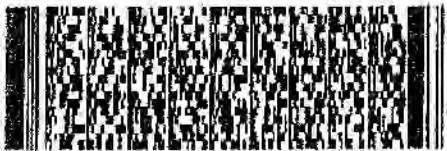
Image Number:

Client ID Number:

Barcode#1:



Hash Barcode:



10/31/2014 FRI 8:22 FAX 518 861 6683 DMV

010/011

[illegible]

10/31/2014 FRI 8:22

RECEIVED 10/31/2014 08:21AM 518-474-8537

NYS DMV

FAX 518 861 6683 DMV

10/11/011

11)	ROAD SIGN 12 ON THE ROAD SIGN EXAMINATION CHART IS USED TO PREVENT	
A	ENTRANCE TO BRIDGE-END STREETS	
B	ENTRANCE TO FULLY TRAFFIC	
C	WONG-WAY ENTRANCE ON ONE-WAY STREETS AND EXPRESSWAY RAMP	
D	ENTRANCE TO ROAD CONSTRUCTION AREAS	
12)	ROAD SIGN 13 ON THE ROAD SIGN EXAMINATION CHART MEANS	
A	INTERSECTION AHEAD	
B	DIVIDED HIGHWAY AHEAD	
C	TWO-WAY TRAFFIC AHEAD	
D	FOUR-LANE TRAFFIC AHEAD	
13)	A "NO STANDING" SIGN AT A CERTAIN LOCATION MEANS	
A	YOU MAY PARK THERE IF THE DRIVER REMAINS IN THE VEHICLE	
B	YOU MAY NEVER STOP YOUR VEHICLE THERE	
C	YOU MAY STOP TO LOAD OR UNLOAD MERCHANDISE	
D	YOU MAY STOP TEMPORARILY TO PICKUP OR DISCHARGE PASSENGERS	
14)	WHAT IS THE ONLY EFFECTIVE WAY TO REDUCE YOUR BLOOD ALCOHOL CONTENT (BAC)?	
A	EXERCISING	
B	DRINKING COFFEE	
C	DRINKING COFFEE	
D	ALLOW YOUR BODY TIME TO GET RID OF ALCOHOL	
15)	DRINKING ALCOHOL AND DRIVING IS	
A	A SERIOUS TRAFFIC SAFETY PROBLEM	
B	A TRIVIAL TRAFFIC PROBLEM	
C	ONLY DANGEROUS TO THE DRIVER WHO DRINKS	
D	SAFE IF YOU ONLY HAVE A FEW DRINKS	
16)	A DRIVER WHO IS TAKING A NON-PRESCRIPTION DRUG SHOULD	
A	READ THE LABELS ON THE DRUG BEFORE DRIVING	
B	DRINK ALCOHOL INSTEAD	
C	CONTINUE TO DRIVE	
D	DRIVE ONLY DURING DAYLIGHT HOURS	
17)	WHICH OF THE FOLLOWING DOES ALCOHOL AFFECT?	
A	REACTION TIME	
B	JUDGEMENT OF DISTANCES	
C	ALL OF THESE	
D	RECOVERY FROM HEADLIGHT GLARE	
18)	DRINKING COFFEE AFTER DRINKING ALCOHOL	
A	DECREASES BLOOD ALCOHOL CONTENT	
B	HAS NO EFFECT ON BLOOD ALCOHOL CONTENT	
C	INCREASES BLOOD ALCOHOL CONTENT	
D	CANCELS THE EFFECT OF THE ALCOHOL	
19)	ON AVERAGE, THE HUMAN BODY CAN DISPOSE OF THE ALCOHOL IN 12 OUNCES OF BEER IN ABOUT?	
A	ONE HOUR	
B	ONE DAY	
C	FIVE HOURS	
D	FIVE MINUTES	
20)	A CHEMICAL TEST IS USED TO MEASURE	
A	DRIVING ABILITY	
B	REACTION TIME	
C	BLOOD ALCOHOL CONTENT	
D	VISION	



**Modem service at 518-402- (b)(6);(b)(7)(C) ends May 31.**

DIALIN [DIALIN@dmv.ny.gov]

Sent: Thursday, April 24, 2014 11:40 AM

To: (b)(6);(b)(7)(C) @DHS.GOV

Dear Customers,

This message affects a small fraction of NYS DMV Dial-In Display service customers.

- If you use a **browser** and connect over the **Internet** to the Dial-In Display service, you may ignore the rest of this message.
- If you use **terminal software** and an analog, telephone **modem** to dial 518-402- (b)(6) for your Dial-In Display connection, please continue reading and plan accordingly.

NYS DMV will permanently retire Dial-In modem service on May 31. As soon as possible, please use a browser (Internet Explorer, Firefox, Chrome, etc.) to visit the Dial-In Display Home page at <http://dmv.ny.gov/records/dial-search-accounts>. From the Dial-In Display Home page, you will find the link to **Log On to Dial-In**.

Whether you use a terminal or a browser, you will use the same account number and password to log in. Some of you may have been storing your Dial-In account number and password in your terminal software. When you switch to using a browser, please do not store your account number or password in your browser. You will have difficulty logging if you store your Dial-In password in your browser.

The appearance of Dial-In Display on a browser differs from Dial-In Display on a terminal, but the records available, the rules for searching and the search fees all remain the same.

There is a handful of test records that you may use to practice searching and printing at no charge. Follow these steps to practice:

- Visit the Dial-In Display Home page at <http://dmv.ny.gov/records/dial-search-accounts>.
- Click the link to **Log On to Dial-In**.
- Log onto Dial-In with your account number and password.
- With your keyboard, press "Enter" to display the transaction menu.
- With your mouse, press "License".
- Press "Name, Date of Birth".
- Type "DIAL,TEST" in the "NAME:" blank.
- Press "Enter" on your keyboard.
- Dial-In will return a selection of fictitious records that you may expand and print at no charge.
- Use the buttons within the Dial-In display to navigate among the test records.

We hope you will find the browser interface to be useful. If you have questions about Dial-In, please visit <http://dmv.ny.gov/records/dial-search-accounts> or send a reply to this message.

Regards,  
NYS DMV Data Services.

**New website preview**

(b)(6),(b)(7)(C)

Sent: Wednesday, January 29, 2014 10:18 PM

To: (b)(6),(b)(7)(C)@DHS.GOV

Dear Data Services Customer,

NYS DMV will soon have a new website with much better navigation and fresh, helpful information. Our URL [DMV.NY.GOV](http://DMV.NY.GOV) will remain the same and important pages will have redirects, so the most frequently used DMV bookmarks will continue to work. The Data Services office has posted a [preview page](#) on our [License Event Notification Service](#) website. We invite you to [have a look](#).

Best Regards,

NYS DMV Data Services

(b)(6),(b)(7)(C)@dmv.ny.gov

(b)(7)(E)

1. To (Name, Address, City, State, Zip Code)		DEPARTMENT OF HOMELAND SECURITY	
NYS DMV: Subpoena Office, Room (b)(7)(E) 6 Empire State Plaza Albany, NY 12228 Phone: 518-473-(b)(7)(E) ; Fax: 518-474-8537		<b>IMMIGRATION ENFORCEMENT SUBPOENA</b> to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4	
Subpoena Number (b)(7)(E)			
2. In Reference To			
(b)(6), (b)(7)(C)		(b)(7)(E)	
(Title of Proceeding)		(File Number, if Applicable)	

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

- (A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.
- (B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

3. (A) CBP, ICE or USCIS Official before whom you are required to appear		(B) Date 01/10/2013
Name (b)(6), (b)(7)(C)		
Title Deportation Officer		
Address DHS/ICE - NY/NJ Regional Fugitive Task Force 83 10th Ave, (b)(6), (b)(7)(C) New York, NY 10011		(C) Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Telephone Number 646-721-(b)(6), (b)(7)(C) Fax 646-805-6982		
4. Records required to be produced for inspection		
This subpoena may be satisfied by providing the relevant information to (b)(6), (b)(7)(C) via email at (b)(6), (b)(7)(C) or fax 646-805-6982: Any / All DMV applications associated with (b)(6), (b)(7)(C) client ID (b)(7)(E) photos, documents used to apply for license/non drivers identification card, a lifetime driver abstract and the information on the location of the office of the most recent application. Please produce the records in electronic format, if possible.		



If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)
(Printed Name)
Assistant Field Office Director
(Title)
01/10/2013
(Date)



## CERTIFICATE OF SERVICE AND ACKNOWLEDGMENT OF RECEIPT

## A. CERTIFICATE OF SERVICE

I certify that on 1/15/2013, I served this subpoena on the witness named in Block 1 in the following manner:  
(Date)

Faxed to 518-474-8537

(b)(6),(b)(7)(C)

(Details of how service was effected)

(b)(6),(b)(7)(C)

(Printed Name of Official Serving Subpoena)

Deportation Officer

(Title of Official Serving Subpoena)

## B. ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of a copy of the subpoena on the front of this form.

Signature

Title

Date

Time

☐ a.m.  
☐ p.m.



## FACSIMILE TRANSMITTAL SHEET

TO:

NYS DMV  
Subpoena Office  
6 Empire State Plaza  
Albany, NY 12228

(b)(6), (b)(7)(C)

FROM:

(b)(6), (b)(7)(C)

Deportation Officer  
ICE/ERO/FNY/VCAS  
U.S. Marshals Service  
NY/NJ Regional Fugitive Task Force  
88 10<sup>th</sup> Avenue  
New York, NY 10011

(646) 805- (b)(6)

(b)(6), (b)(7)(C)

COMPANY:

DATE:

1/15/2013

FAX NUMBER:

(518)474-8537

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S REFERENCE FAX NUMBER:

(888) 835-0619

RE:

YOUR REFERENCE PHONE NUMBER:

(646) 805- (b)(6), (b)(7)(C)

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

Remarks:

Thank you very much

## LICENSE SYSTEM

Client ID: (b)(7)(E) MI: (b)(7)(E)  
 Name: (b)(6), (b)(7)(C) DOB: (b)(6), (b)(7)(C) Gender: FEMALE  
 Address: (b)(6), (b)(7)(C) Resident County: QUEENS Eye Color: BRN  
 CAMBRIA HTGTS, NY 11411-0000 Mailing County: QUEENS Height: 5-07  
 Temp Visitor: NO Military: NO Bad Check: NO Organ Donor: NO  
 SSN Last 4: (b)(6), (b)(7)(C) Verified: 02/06/2004 Verif Type: SSN VERIFIED

Driving Restrictions: CORRECTIVE LENSES

## SUMMARY

## \*\*\* LICENSE \*\*\*

Class: \*D\*

Expiration: 10/15/2020

Privilege: FULL

Comm Privilege: NONE

Status: VALID

Comm Status: NONE

19A Status: NOT APPLICABLE

## \*\*\* PERMIT \*\*\*

Class: \*D\*

Status: ORIGINAL- LICENSE PRIVILEGE ISSUED Issued: 04/03/1996 Mailed: 04/16/1996 Exp: 10/15/1999

Last Doc Issued: \*D\*

Issued: 08/07/2012

Mailed: 08/16/2012

Type: LICENSE

## CURRENT LICENSE

Lic Class: \*D\*

Expires: 10/15/2020

Endorsements: NONE

Batch: (b)(7)(E)

Batch Date: 07/16/2012 Terminal Num: (b)(7)

Driver ReHab: NO

Unvalidated Original: NO

ID Issued: NO

Permit Privilege: YES

Duplicate: YES

## PERMIT HISTORY

Permit Class: \*D\*

Applied: 04/03/1996

Mailed: 04/16/1996

Expires: 10/15/1999

Permit Status: LICENSE PRIVILEGE ISSUED

Permit Pending: NO

Coterminous: YES

Surrendered: NO

Restrictions: NONE

Endorsements: NONE

Batch: (b)(7)(E)

Batch Date: 04/03/1996 Terminal Num: (b)(7)

Skills Tests Available: 0

## DOCUMENT

Class: D

Type: LICENSE (STATE ID)

Issue Date: 08/07/2012

Mail Date: 08/16/2012

Expiration: 10/15/2020

Doc Name: (b)(6), (b)(7)(C)

Doc Status: PRODUCED  
AND MAILED

User:

Office:

System: (b)(7)(E)

Trans: (b)(7)(E)

## CLASSES

Class: D

Effective: 08/19/1996

Cycle: 10/15/2012

Post Date: 07/16/2012

Expiration: 10/15/2020

User: (b)(6), (b)(7)(C)

Office: (b)(7)(E)

Terminal: (b)(7)(E)

System: (b)(7)(E)

Trans: (b)(7)(E)

Class: D

Effective: 08/19/1996

Cycle: 08/17/2005

Post Date: 08/19/1996

Expiration: 10/15/2012

User: (b)(6), (b)(7)(C)

Office: \*\*\*

Terminal: \*\*\*\*

System: \*\*\*\*

Trans: \*\*\*\*

## ACTIVITY (10)

Activity Type	Date	Office	Additional Info	Batch
Image Capture	08/07/2012		Image: KEPT	



Road Test Results	08/15/1996	Skills Test:RTRS-D Rmvd:	Added:	8:	(b)(7)(E)
Class Change	08/19/1996	New:*D*	Old:PERMIT	8:	(b)(7)(E)
Compliance	04/19/2012			E:	(b)(7)(E)
History	08/17/2005301			H:	(b)(7)(E)
Voter Reg NOT Req	07/16/2012080			Q:	(b)(7)(E)
NDR Inquiry	07/16/2012SPG	Time:11:39 AM . Status: NDR=N SOR=	CDLIS=I Inquiry Type:LICENSING SEARCH	Initi:	(b)(7)(E)
Duplicate	08/07/2012752			D:	(b)(7)(E)
Voter Reg NOT Req	08/07/2012752			Q:	(b)(7)(E)
Accident Prev Course	08/18/2012	Point Reduction Eligible For Viols: 02/18/2011 - 08/18/2012 Delivery Agent: (b)(7)(E) Accident Code:Z Sponsor: (b)(7)(E)	Delivery Method: Classroom		(b)(7)(E)



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PAGE 1 OF 2

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: [www.dmv.ny.gov](http://www.dmv.ny.gov)

If you are interested in applying for an Enhanced Driver License or Non-driver Identification Card (EDL/ID), or upgrading your current NYS document to an EDL/ID please see forms MV-44EDL and MV-44-1EDL.

**I AM APPLYING FOR A:** (check any that apply):

☐ Learner Permit   ☐ ID card   ☒ Renewal   ☐ Replacement   ☐ Change   ☐ NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province.

**VOTER REGISTRATION QUESTIONS:** (Please answer "Yes" or "no".)

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?  
☒ YES - Complete Voter Registration Application Section  
☒ NO - I Decline to Register/Already Registered/ I do not want to notify the Board of Elections of my change of address.  
**NOTE:** If you do not check either box, you will be considered to have decided not to register to vote.

**NEW YORK STATE ORGAN AND TISSUE DONATION** SIGN BELOW ♥ To enroll in the NYS Department of Health's Donate Life<sup>SM</sup> Registry. By signing, you are certifying that you are: 18 years of age or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. **"ORGAN DONOR"** will be printed on the front of your DMV photo document. You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

☐ Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

✓ Donor Consent Signature: \_\_\_\_\_

**IDENTIFICATION INFORMATION:** Do you now have, or did you ever have a New York Driver's License?

Driver license? ☒ Yes ☐ No

Learner permit? ☐ Yes ☒ No

Non-driver ID Card? ☐ Yes ☒ No

If "Yes", enter the identification number as it appears on the license, learner permit, or non-driver ID card.

NYS DRIVER LICENSE, LEARNER PERMIT, OR  
NON-DRIVER ID CARD NUMBER.

**FILE LAST NAME**

**FULL FIRST NAME**

**FULL MIDDLE NAME**

**SUFFIX**

DATE OF BIRTH

**SEX**

## HEIGHT

### EYE COLOR

DAY PHONE NO. (Optional)

(b)(5)(C)

☐ **MAILING ADDRESS** (Include Street Number and Name, Rural Delivery and/or box number (if PO Box, also fill in "Address Where You Live" below)  
 B16 B17 C1

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX

Has your name changed? ☐ Yes ☒ No

Has your mailing address changed?

Has the address where you live changed? ☐ Yes ☒ No

If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

**OTHER CHANGE:** What is the change and the reason for it? (new license class, wrong date of birth, etc.)?

PLEASE COMPLETE AND SIGN PAGE 2

PLEASE COMPLETE AND SIGN PAGE 2.

Other Restrictions:	License Class:	A	B	C	NCOL C	D	DJ
Endorsements:	Special Conditions:	AM	AP				
Vehicle Restrictions:		HL	HP				

STOP/RESPONSE

☐ TEENS

Proof Submitted: ☐ Birth Certificate ☒ Driver License/ID ☐ MV-45

☐ Passport ☐ Learner Permit ☐ INS Papers ☐ Credit Card

☐ Image Retrieval ☐ Social Security Card ☐ Medical Certificate (CDL Only)

Other: \_\_\_\_\_

License/Permit Surrendered for Non-Driver ID Card

MV-44 (10/11)

**DRIVER LICENSE AND LEARNER PERMIT APPLICANTS ONLY**

1. Have you had, or are you being treated for, any of the following, or has a previous disability worsened? ☐ Yes ☒ No If "Yes", check all that apply.

- ☐ 1. Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness
- ☐ 2. Heart ailment
- ☐ 3. Hearing impairment
- ☐ 4. Lost use of leg, arm, foot, hand, or eye
- ☐ 5. Other (explain) \_\_\_\_\_

If you checked box 1, you and your doctor must complete form MV-80U.1, "Physician's Statement for Medical Review Unit"; if you checked box 2, your doctor must complete form MV-80, "Physician's Statement". These forms can be obtained at any Motor Vehicles office or at [www.dmv.ny.gov](http://www.dmv.ny.gov). If you checked boxes 3, 4 or 5, you must contact a Motor Vehicles office for instructions.

2. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere, in this or any other name? ☐ Yes ☒ No

If "Yes", has your license, permit or privilege been restored, or your application approved? ☐ Yes ☒ No

**PARENT/GUARDIAN CONSENT** ☐ Junior License ☐ Non-driver ID Card (under 16)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 50 hours of supervised "practice" driving, including 15 hours of driving after sunset, prior to the applicant taking a road test, and that this certification (MV-282) must be presented at the time of the road test. Note to parent/guardian: If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.

Parent or Guardian  
Sign Here

(Relationship to Applicant)

(Date)

**Teen Electronic Event Notification Service (TEENS)**

I would like to enroll in the TEENS program to be notified if the under 18 year-old applicant receives a conviction, suspension, revocation or an accident on their license file. For more information about this program, see form MV-1046, How to Enroll in TEENS or MV-1056, TEENS FAQs. This is a FREE service.

NYS Client ID of Consenting Parent or Guardian Above- Required

**COMMERCIAL DRIVER LICENSE APPLICANTS ONLY** Please answer questions 1 & 2, below:

1. Did you have a driver license from the District of Columbia or any US state, other than New York, in the past 10 years? ☐ Yes ☒ No

If YES, list the names of all of the states or DC, but if you are turning in a license from another state, do not list that state: \_\_\_\_\_

2. Do you certify that you comply with federal requirements set forth in 49 CFR Part 391 and have a valid Medical Examiner's Certificate? ☐ Yes ☒ No

If YES, you must present your Medical Certificate to prove you meet this standard.

If NO, will your commercial driving be limited to municipal and/or school operations only? ☐ Yes ☒ No

NOTE: For an explanation of 49 CFR 391 requirements and operations that do not require a Medical Examiner's Certificate, see form MV-44.5 Federal Requirements for Commercial Driver Applicants.

**CERTIFICATION**

I certify that the information I have given on this application is true. If I am applying for a replacement license or non-driver identification card, I certify that the license or non-driver identification card has been lost, stolen or mutilated and that, if the lost license or non-driver identification card is found, I will turn it in to the Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that such license has been valid for at least 6 months, and that I have not failed a road test in NYS in the last 12 months. If I am a male at least 18 but less than 26 years old, I consent to be registered with the Selective Service System, if so required by federal law, and authorize the forwarding of any personal information required for such registration. My signature below also authorizes use of my credit card, if applicable.

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, may subject you to criminal prosecution for a misdemeanor or felony under the Vehicle and Traffic Law and/or the Penal Law.

SIGN HERE

(b)(6)(b)(7)(C)

PLEASE PRINT  
NAME

(b)(6)(b)(7)(C)

**CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:**

My signature authorizes \_\_\_\_\_  
to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.

Sign  
Here

(b)(6)(b)(7)(C)

(Cardholder Sign Name in Full)

Applicant's Signature

(b)(6)(b)(7)(C)

OFFICE

**TEST RESULTS**Eye ☒ Pass ☐ Corrective LensWritten ☐ Pass ☐ Fail

(b)(6)(b)(7)(C)

2



19790402

(b)(6),(b)(7)(C)

(b)(7)(E)

Please sign your name on the dotted line  
above. Please sign only in  
the white area within the pink box.

INSERT THIS SIDE DOWN



NYS Department of  
Motor Vehicles

(b)(7)(E)

MV-1 (11/1) PART 3

VR DECLINED

(b)(7)(E)

INTERIM LICENSE

(b)(6),(b)(7)(C)

Class D

DOB

(b)(6),(b)(7)(C)

(b)(7)(E)

80.50

(b)(7)(E)

CREDIT CARD

RESTRICTIONS B

NYS Photo Driver License

(b)(7)(E)



**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

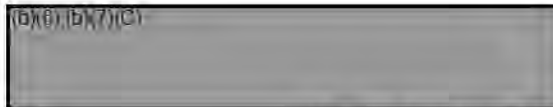
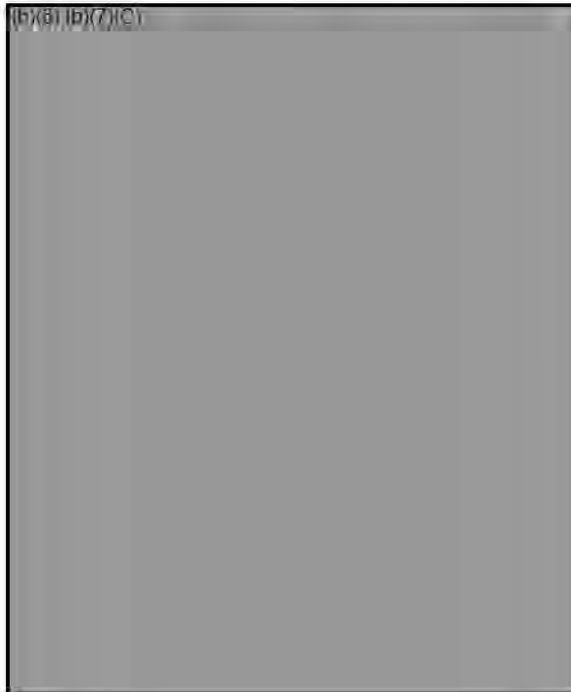
6 EMPIRE STATE PLAZA, ALBANY NY 12228

Client ID:

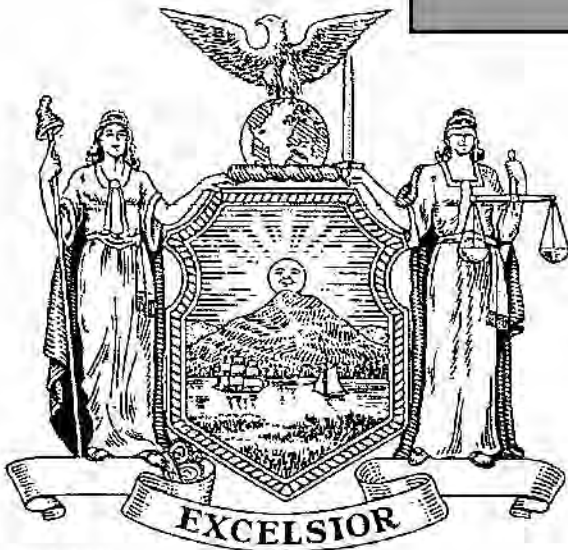
(b)(7)(E)

Captured:

April 03, 1996, 11:55:08 AM



This is to certify that this image is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.



*Barbara J. Fiala*

Barbara J. Fiala  
COMMISSIONER OF MOTOR VEHICLES

**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

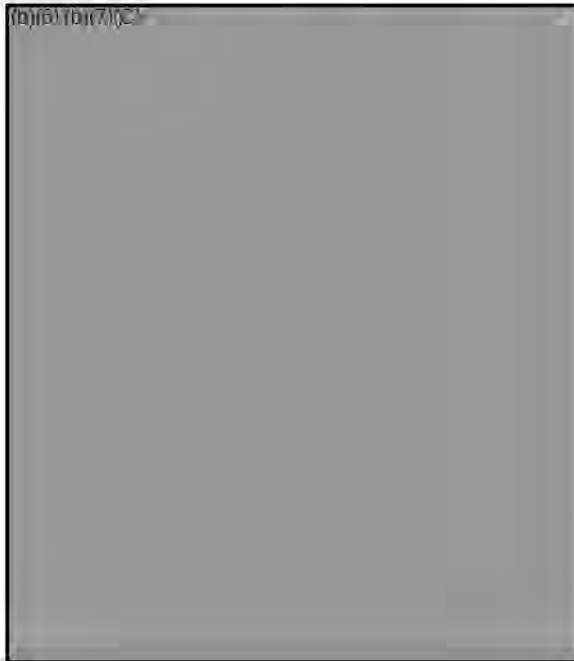
6 EMPIRE STATE PLAZA, ALBANY NY 12228

Client ID:

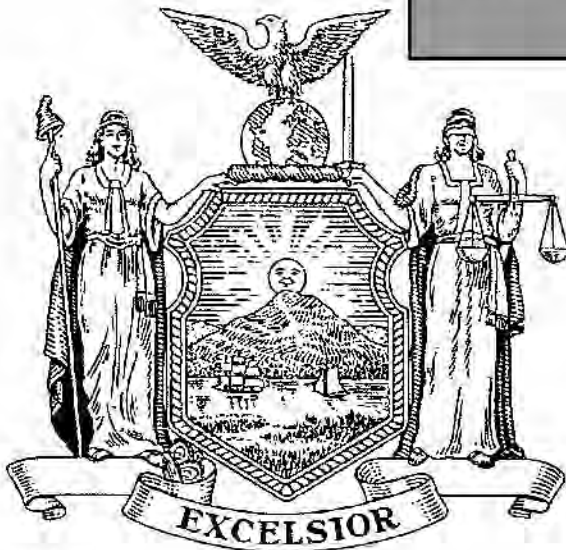
(b)(7)(E)

Captured:

October 01, 1999, 09:52:01 AM



This is to certify that this image is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.



*Barbara J. Fiala*

Barbara J. Fiala  
COMMISSIONER OF MOTOR VEHICLES

**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

6 EMPIRE STATE PLAZA, ALBANY NY 12228

Client ID:

(b)(7)(E)

Captured:

August 17, 2005, 10:21:04 AM

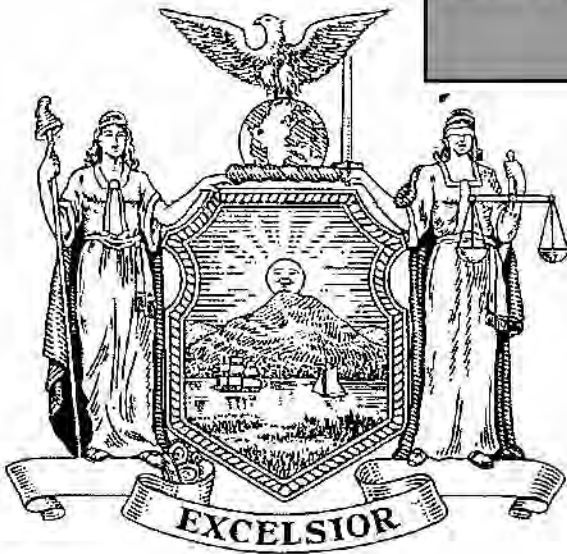
(b)(6)(b)(7)(C)



(b)(6)(b)(7)(C)



This image is a true and complete  
copy of a record on file in the New York State Department  
of Motor Vehicles, Albany, New York.



*Barbara J. Fiala*

Barbara J. Fiala  
COMMISSIONER OF MOTOR VEHICLES

**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

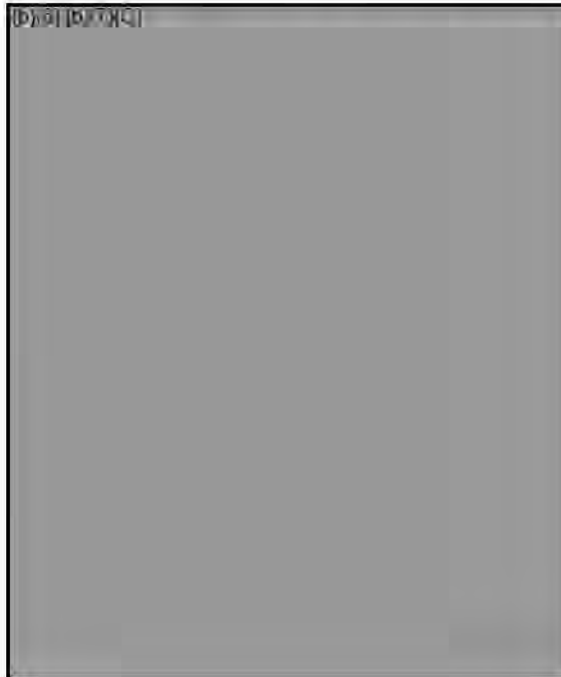
6 EMPIRE STATE PLAZA, ALBANY NY 12228

Client ID:

(b)(7)(E)

Captured:

July 16, 2012, 10:54:07 AM



(b)(6), (b)(7)(D)

I certify that this image is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.



*Barbara J. Fiala*

Barbara J. Fiala  
COMMISSIONER OF MOTOR VEHICLES



**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

6 EMPIRE STATE PLAZA, ALBANY NY 12228

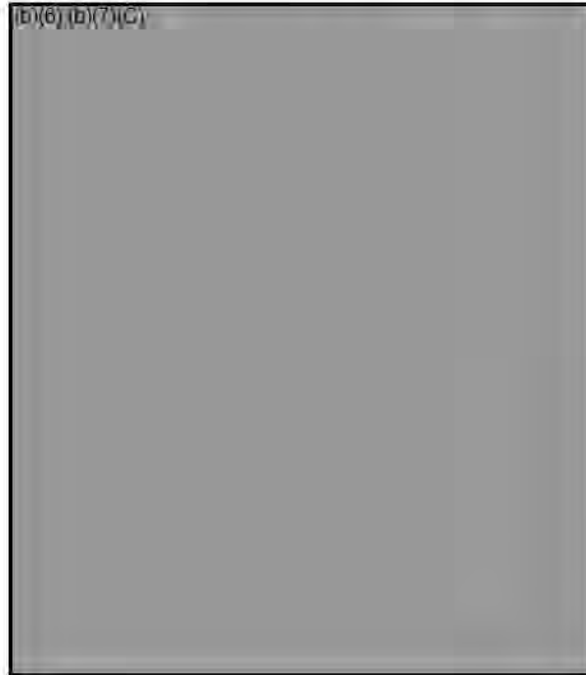
Client ID:

(b)(7)(E)

Captured:

August 07, 2012, 02:33:45 PM

(b)(6)(b)(7)(C)



(b)(6)(b)(7)(C)



that this image is a true and complete  
copy of a record on file in the New York State Department  
of Motor Vehicles, Albany, New York.



*Barbara J. Fiala*

Barbara J. Fiala  
COMMISSIONER OF MOTOR VEHICLES

Sent: 3 Feb 2009 15:12:32 +0000

To: (b)(6),(b)(7)(C)

Subject: RE: DMV Photo Request 02/03/2009

Attachments: DHS1.bmp, DHS2.bmp

Thanks

(b)(6),(b)(7)(C)

Deportation Officer  
National Fugitive Operations Program  
ICE DRO-NY  
26 Federal Plaza  
New York, NY 10278  
(212) 264-(b)(6), office)  
(646) 201-(b)(7) cell)  
(b)(6),(b)(7)(C)



From: (b)(6),(b)(7)(C)

Sent: Tuesday, February 03, 2009 8:58 AM

To: (b)(6),(b)(7)(C)

Subject: DMV Photo Request 02/03/2009

Importance: High

Good morning sir,

D.O. (b)(6),(b)(7)(C) is requesting a DMV photo for the below listed individual who was convicted of Manslaughter-1st deg. on June 5, 1990.

NY DL #: (b)(6),(b)(7)(C)

Thanks again,

(b)(6),(b)(7)(C)

From: (b)(6),(b)(7)(C)

Sent: Tue 2/3/2009 7:03 AM

To: (b)(6),(b)(7)(C)

Cc:

Subject: (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

As per your instructions, here is the information you requested for HIDTA:

(b)(6), (b)(7)(C)

AKA: (b)(6), (b)(7)(C)

DOB: (b)(6), (b)(7)

(b)(7)(E)

SSN#: (b)(6), (b)(7)(C)

DL#: (b)(6), (b)(7)(C)

Subject is a Mexican CIN 5B, convicted of Manslaughter-1st Degree on June 5, 1990 before the New York Supreme Court. On Sept 21, 1995, he was ordered deported to Mexico. I believe I have located him via his registered vehicle, however; I do not have an up to date photo (NRC's photo is extremely old and ejustice does not have a photo, case very old).

(b)(7)(E)

V/R,

(b)(6), (b)(7)(C)

Deportation Officer  
National Fugitive Operations Program  
ICE DRO-NY  
26 Federal Plaza  
New York, NY 10278  
(212) 264 (b)(6), (b)(7) (office)  
(646) 201 (b)(6), (b)(7) (cell)

(b)(6), (b)(7)(C)



---

Sent: 6 Jan 2010 15:42:22 +0000

To: (b)(6), (b)(7)(C)

Subject: RE: DMV Photo Request

OK, the boss is following up with the Capt at RFTF. I'll let you know.

---

From: (b)(6), (b)(7)(C)

Sent: Wednesday, January 06, 2010 10:44 AM

To: (b)(6), (b)(7)(C)

Subject: RE: DMV Photo Request

No. The (b)(7)(E) printout shows an address in Staten Island.

(b)(6), (b)(7)(C)

Immigration Enforcement Agent

DHS/ICE/DRO/NYC/Rikers CAP

Desk - (718) 956- (b)(6), (b)(7)(C)

Cell - (646) 372- (b)(6), (b)(7)(C)

Fax - (718) 956-3431



---

From: (b)(6), (b)(7)(C)

Sent: Wednesday, January 06, 2010 10:40 AM

To: (b)(6), (b)(7)(C)

Subject: RE: DMV Photo Request

We are still working on it. Does drivers license photo has an address in the BX?

---

From: (b)(6), (b)(7)(C)

Sent: Wednesday, January 06, 2010 10:41 AM

To: (b)(6), (b)(7)(C)

Subject: RE: DMV Photo Request

Good morning (b)(6), (b)(7)(C)

What's the current situation in regards to the request? Is there anything else you guys need? Also, the subject already has an ICE detainer lodged against him, so it is very important that we receive a DMV photo. Thanks for your assistance.

(b)(6), (b)(7)(C)

Immigration Enforcement Agent

DHS/ICE/DRO/NYC/Rikers CAP

Desk - (718) 956- (b)(6), (b)(7)(C)



Cell - (646) 372-(b)(6) (b)(7)(C)  
Fax - (718) 956-3431



---

**From:** (b)(6), (b)(7)(C)  
**Sent:** Monday, January 04, 2010 12:09 PM  
**To:** (b)(6), (b)(7)(C)  
**Subject:** Re: DMV Photo Request

Ok requested it waiting for a reply. I will let you know.

-----  
Sent using BlackBerry

---

**From:** (b)(6), (b)(7)(C)  
**To:** (b)(6), (b)(7)(C)  
**Sent:** Mon Jan 04 11:34:46 2010  
**Subject:** RE: DMV Photo Request

Yes ma'am.

(b)(6), (b)(7)(C)  
**Immigration Enforcement Agent**  
**DHS/ICE/DRO/NYC/Rikers CAP**  
**Desk - (718) 956-(b)(6), (b)(7)(C)**  
**Cell - (646) 372-(b)(7)(C)**  
**Fax - (718) 956-3431**



---

**From:** (b)(6), (b)(7)(C)  
**Sent:** Monday, January 04, 2010 11:30 AM  
**To:** (b)(6), (b)(7)(C)  
**Subject:** Re: DMV Photo Request

(b)(6), (b)(7)(C) so u want to verify the the photo matches your subject?

-----  
Sent using BlackBerry

**From:** (b)(6),(b)(7)(C)  
**To:** (b)(6),(b)(7)(C)  
**Sent:** Mon Jan 04 11:31:23 2010  
**Subject:** RE: DMV Photo Request

Possible false claim to USC case. Who am I speaking with?

(b)(6),(b)(7)(C)

**Immigration Enforcement Agent**  
**DHS/ICE/DRO/NYC/Rikers CAP**  
**Desk - (718) 956** (b)(6),  
**Cell - (646) 372** (b)(7)(C)  
**Fax - (718) 956-3431**



---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Monday, January 04, 2010 11:25 AM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** Fw: DMV Photo Request

What's the background on this case?

Sent using BlackBerry

---

**From:** (b)(6),(b)(7)(C)  
**To:** (b)(6),(b)(7)(C)  
**Sent:** Mon Jan 04 11:21:27 2010  
**Subject:** FW: DMV Photo Request

Answer (b)(6), (b)(7)(C) please get him a photo from (b)(6), (b)(7)(C)

---

**From:** (b)(6),(b)(7)(C)  
**Sent:** Monday, January 04, 2010 11:22 AM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** DMV Photo Request

Happy New Year! I hope all is well and I wish you and your family a Happy and Healthy New Year.

Could you please request a DMV photo for the below subject whenever you get a chance.

(b)(6),(b)(7)(C)  
DOB: (b)(6),(b)(7)(C)  
NYS DL# (b)(6),(b)(7)(C)

Thanks again,

(b)(6),(b)(7)(C)

**Immigration Enforcement Agent  
DHS/ICE/DRO/NYC/Rikers CAP**

**Desk - (718) 956-**

**Cell - (646) 372-**

**Fax - (718) 956-3431**



(b)(6),(b)(7)(C)

From: (b)(6),(b)(7)(C)

Sent: 10 Jan 2012 14:57:15 -0500

To: (b)(6),(b)(7)(C)

Cc: (b)(6),(b)(7)(C) Shanahan, Christopher

Subject: RE: This is the correct narrative (Sorry)

Cleared. Great Work.

Thanks

(b)(6)

From: (b)(6),(b)(7)(C)

Sent: Tuesday, January 10, 2012 2:43 PM

To: (b)(6),(b)(7)(C)

Cc:

Subject: RE: This is the correct narrative (Sorry)

How is this?

On January (b)(6) 2012, ERO officers from the New York Field Office's Joint Criminal Alien Removal Team (JCART) assisted by New York State Department of Motor Vehicles (DMV) investigators arrested (b)(6),(b)(7)(C) (Dominican Republic) in the Bronx, New York, pursuant to a Federal Arrest Warrant issued in the Southern District of New York (SDNY) for violation of 8 U.S.C. § 1326(b) (2), Illegal Reentry into the United States by an Aggravated Felon. During a subsequent search (pursuant to a federal search warrant) of the subject's 2008 Porsche and residence, approximately \$45,000 cash was located and turned over to HSI agents.

(b)(6),(b)(7)(C) initially entered the United States as a lawful permanent resident on October 22, 1976. On March 11, 1987, (b)(6),(b)(7)(C) was convicted in New York State Supreme Court of Attempted Criminal Possession of a Weapon and sentenced to 1 to 3 years in prison. On March 30, 1987, (b)(6),(b)(7)(C) was convicted in New York State Supreme Court of Criminal Sale of a Controlled Substance and sentenced to 6 months in jail. On October 27, 1989, (b)(6),(b)(7)(C) was convicted in United States District Court – Middle District of North Carolina of Conspiracy to Distribute Cocaine and Possession with the Intent to Distribute Cocaine and sentenced to 84 months in federal custody. On March 24, 1995, (b)(6),(b)(7)(C) was placed into deportation proceeding by the former Immigration and Naturalization Service (INS). On June 13, 1995, (b)(6),(b)(7)(C) was ordered deported by an Immigration Judge in Oakdale, Louisiana. On August 16, 1995, (b)(6),(b)(7)(C) was deported to the Dominican Republic.

On May 31, 2011, the ICE Tip-Line was contacted by an anonymous caller, who reported that (b)(6),(b)(7)(C) had returned to the United States. The caller further stated that (b)(6),(b)(7)(C) was driving a late model Porsche Cayenne and known to carry a firearm. JCART members immediately initiated an investigation which revealed that the Porsche believed to be operated by (b)(6),(b)(7)(C) was registered to (b)(6),(b)(7)(C). JCART members contacted DMV investigators for assistance. The DMV investigators reported that (b)(6),(b)(7)(C) was issued a New York State driver license on July 18, 2011. The DMV photograph on file was found to be an exact match to (b)(6),(b)(7)(C). On January 4, 2012, JCART members located a 2008 Porsche Cayenne in the Bronx, New York which was registered to (b)(6),(b)(7)(C). On January 9, 2012, JCART members obtained a Federal Arrest Warrant for violation of 8 USC 1326 (b) (2) - Illegal Reentry after



Deportation in United States District Court. On January [REDACTED] 2012, [REDACTED] was arrested at his residence in the Bronx, New York by JCART members and DMV investigators, without incident.

[REDACTED] gave the JCART members consent to search his vehicle and residence. That initial search revealed a large amount of United States currency. JCART members immediately contacted the United States Attorney's Office and obtained a federal search warrant. As a result, approximately \$40,000 (USD) was discovered inside of the Porsche and approximately \$5,000 (USD) was discovered in the residence. HSI narcotics group was contacted and responded to the scene and took custody of the approximately \$45,000 (USD) discovered and the 2008 Porsche Cayenne, for further investigation.

[REDACTED] was transported to the New York Field Office for arrest processing [REDACTED] [REDACTED] was then presented before the U.S. Magistrate Judge in the Southern District of New York, and remanded to the custody of the U.S. Marshal Service.

This SEN was reviewed and approved by FOD Christopher Shanahan.

(b)(6),(b)(7)(C)

**From:** (b)(6),(b)(7)(C)  
**Sent:** Friday, April 11, 2014 6:58 AM  
**To:** (b)(6),(b)(7)(C)  
**Subject:** DMV Search Account Activation  
**Attachments:** Dial-in Cover Letter.pdf; DMV fig0001.pdf  
**Importance:** High

To whom it may concern,

Once again we've had some changes in personnel. Could you please see the following attachments and make the necessary activation? Thank you in advance for all your assistance.

(b)(6),(b)(7)(C)

Supervisory Detention and Deportation Officer DHS/ICE/ERO/NYC Fugitive Operations  
212-264 (b)(6), office  
646-488 (b)(7) cell  
(C)  
212-264-0862 fax

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

Office of Detention and Removal Operations  
New York Field Office

U.S. Department of Homeland Security  
26 Federal Plaza, (b)(6),(b)(7)(C)  
New York, NY 10278



## U.S. Immigration and Customs Enforcement

Data Services – New Search Account  
NYS Department of Motor Vehicles  
6 Empire State Plaza (b)(6),(b)(7)(C)  
Albany, NY 12228

Dear System Administrator,

The attached completed Motor Vehicle Record Search Account Applications have been submitted on behalf of federal law enforcement officers assigned to the United States Immigration and Customs Enforcement's Detention and Removal Operations (DRO) Fugitive Operations Team. These officers and agents are assigned to the DRO Field Office, in New York City. Their congressionally mandated mission is to identify, locate, arrest and remove fugitive aliens, and criminals from the United States. These teams use intelligence-based information, as well as leads, to find and arrest fugitive aliens who have been ordered to leave the country by an immigration judge, but have failed to comply.

The granting of access to your system will allow the officer or agent to more effectively carry out their public safety and national security mission. All searches will be conducted in accordance with the Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. Sec 2721 et seq.)

Thank you for your assistance. Please do not hesitate to contact me with any questions.

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) Assistant Field Office Director  
US Immigration and Customs Enforcement  
DRO Fugitive Operations Team  
26 Federal Plaza (b)(6),(b)(7)(C)  
New York, NY 10278  
(212) 264-(b)(6)  
(b)(6),(b)(7)(C)

[www.ice.gov](http://www.ice.gov)



<b>1. To (Name, Address, City, State, Zip Code)</b>  NYS DMV: Subpoena Office, Room (b)(6) 6 Empire State Plaza Albany, NY 12228 Phone: 518-473-(b)(6) Fax: 518-474-8537	<b>DEPARTMENT OF HOMELAND SECURITY</b>  <b>IMMIGRATION ENFORCEMENT</b> <b>SUBPOENA</b> <b>to Appear and/or Produce Records</b> 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4
<b>Subpoena Number</b> 866	
<b>2. In Reference To</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">(b)(6),(b)(7)(C)</div>  <div style="text-align: center; font-size: small;">(Title of Proceeding)</div> </div> <div style="width: 35%;"> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">A</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">(b)(6),(b)(7)(C)</div> </div>  <div style="text-align: center; font-size: small;">(File Number, if Applicable)</div> </div> </div>	

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

- (A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.
- (B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

<b>3. (A) CBP, ICE or USCIS Official before whom you are required to appear</b> Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">(b)(6),(b)(7)(C)</div> Title <span style="margin-left: 20px;">Deportation Officer</span> Address <span style="margin-left: 20px;">DHS/ICE - NY/NJ Regional Fugitive Task Force</span> <span style="margin-left: 40px;">88 10th Avenue, <div style="border: 1px solid black; padding: 2px; display: inline-block;">(b)(6),(b)(7)(C)</div> New York, NY 10011</span> Telephone Number <span style="margin-left: 20px;">646-805-(b)(6)</span> Fax: 646-805-6982	<b>(B) Date</b> <span style="margin-left: 20px;">10/27/2014</span>  <b>(C) Time</b> <span style="margin-left: 20px;">12</span> <span style="margin-left: 20px;"><input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.</span>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**4. Records required to be produced for inspection**

This subpoena may be satisfied by providing the relevant information to 

(b)(6),(b)(7)(C)

 via email at 

(b)(6),(b)(7)(C)

 fax 646-805-6982: Any/All DMV applications associated with 

(b)(6),(b)(7)(C)

 photos, documents used to apply for licenses/non drivers identification card, a lifetime driver abstract, and the information on the location of the office of the most recent application.

Please produce the records in electronic format if possible.



If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

**5. Authorized Official**

(Signature)

(b)(6),(b)(7)(C)

(Printed Name)

Assistant Field Office Director

(Title)

10/27/2014

(Date)



## CERTIFICATE OF SERVICE AND ACKNOWLEDGMENT OF RECEIPT

### A. CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_, I served this subpoena on the witness named in Block 1 in the following manner:  
(Date)

Email/Fax

(Details of how service was effected)

(Signature of Official Serving Subpoena)

(b)(6),(b)(7)(C)

(Printed Name of Official Serving Subpoena)

Deportation Officer

(Title of Official Serving Subpoena)

### B. ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of a copy of the subpoena on the front of this form.

Signature

Title

Date

Time

☐ a.m.

☐ p.m.

## Law Enforcement Sensitive – For Official Use Only



U.S. Immigration  
and Customs  
Enforcement

April 18, 2012

### **ERO Atlanta Field Office: *Prospective Criminal Apprehension Initiatives***

#### **Dalton / Whitfield Resident Officer:**

During FY11, the Atlanta Fugitive Operations Program initiated a trial program in which one Deportation Officer was co-located with the Dalton Homeland Security Investigations (HSI) Resident Agent in Charge (RAC) Office and the Whitfield 287(g) program. The expectation of this program was that the Officer would work with ICE assets in the area and develop new relationships with local law enforcement agencies in northwest Georgia in order to identify and arrest aliens who fall under the Fugitive Operations Tier Priorities and the Director's Civil Priorities. This program had success well beyond the initial expectations. With the assistance of an Immigration Enforcement Agent (IEA) assigned to Fugitive Operations, the Officer recorded 266 arrests. Several of these arrests were particularly significant in nature, and many of the cases may not have come to the attention of ICE enforcement had the Officer not been present and developed strong ties with the local agencies. Several sheriffs in the region have gone out of their way to make ERO leadership aware of their enthusiasm for this "resident officer" program. This small experiment continues to benefit ERO statistically and has enhanced our reputation with law enforcement and the local community in Northwest Georgia. We believe that this experiment could be replicated by placing one or two dedicated officers at the North Georgia Detention Center to work within the surrounding area. Areas like Columbus, Augusta and Savannah, GA we feel would also have the same results. Proactive teams in these locations have the potential to provide a large boost in overall criminal arrests. This is a program that requires a minimal manpower investment on our part with the potential for a large increase in arrests. Potential additional arrests are 700-1000, with a total of 8-10 officers to process.

#### **DMV Project:**

The Atlanta Field Office will reach out to the Georgia Drivers Services Investigators to determine if a photo scrub for duplicate photos with different biographic information on file can be conducted. The Atlanta Field Office will also attempt gain access to any temporary driver licenses issued to foreign born applicants for possible leads.

#### **US Marshals Southeast Regional Fugitive Taskforce (SERFTF):**

The Atlanta Field Office currently has one officer assigned to the US Marshals Southeast Regional Fugitive Taskforce (SERFTF). Since the assignment of the officer, he has participated in approximately eighty (80) ICE related arrests. Many of these cases are egregious criminals

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ICE.2014.FOIA.16276.000534

## **ERO Atlanta Field Office: Prospective Criminal Apprehension Initiatives**

### **Page 2 of 8**

who are a top priority under ICE's Civil Enforcement Priorities. The SERFTF is great resource for criminal alien leads. The Atlanta Field Office will increase outreach to the taskforce and temporarily assign additional officers to the taskforce. These officers will work with local law enforcement agencies to identify and arrest aliens with outstanding criminal warrants.

#### **Detail an Outside Fugitive Operations Team in Middle Georgia:**

Atlanta ERO is unable to focus on middle Georgia due to the distance. We believe by detailing a Fugitive Operations team to the Macon, Georgia, area, they could be productive in the middle to southern portion of the state. A team detailed to this area could also establish liaisons with local law enforcement agencies, which would increase referrals and arrests. The number of expected targets is unknown at this time. We also find that the processing of these cases could be problematic, due to the distance to the nearest ICE office. Personnel, however, can prepare scratch I-213s, and the arrested aliens can be transported to the Stewart Detention Center where processing officers could complete the case in Enforce. It is likely that a daily bus run would be needed each afternoon from the central location (likely in the Macon area) to either the Stewart or Irwin County Detention Center. One additional Fug Ops team would be required.

#### **Detail an Outside Fugitive Operations Team to Columbia, South Carolina:**

We believe that there are a significant number of criminal alien fugitive and re-entry targets in the Columbia, South Carolina area. The Columbia CAP Unit and Charleston Fugitive Operations Unit can probably provide additional information on the target base in the Columbia area. We currently lack manpower to give this area the attention that it deserves. One additional Fugitive Operations team from outside the Atlanta AOR would be required.

#### **Increasing Bond Amounts to Ensure Court Appearances and Reduce Absconder Numbers:**

If bond amounts were increased within reasonable, justifiable amounts, it would dramatically reduce the number of absconders that we currently see. This in turn would increase the number of criminal aliens removed from the U.S. and reduce the number of aliens added to the fugitive backlog. We do not believe any additional staff would be needed to handle the slight increase in detained alien numbers.

#### **Establish Regional Fug Ops QRT Teams Around the AOR:**

The Atlanta Field Office could establish Fugitive Operations Quick Response Teams (QRT) around the AOR to increase coverage around each state and establish better liaisons with local law enforcement. Each team would consist of two to four officers (DOs and/or IEAs) with Fugitive Operations experience and preferably a good working knowledge of the area to which they are assigned. Obviously this would require additional personnel resources on a permanent basis and would create the need for additional jail Inter-governmental Services Agreements

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## **ERO Atlanta Field Office: Prospective Criminal Apprehension Initiatives**

### **Page 3 of 8**

(IGSA) and transportation needs in some areas. Even if not adopted on a large-scale basis, Fugitive Operations QRT teams could be established in areas such as Macon, Dalton, and Gainesville, Georgia, Columbia, South Carolina, and other largely populated areas where ERO currently has minimal resources. The exact number of criminal, fugitive, and re-entry arrests is uncertain; however, with ERO presence and better liaisons with local law enforcement personnel in these areas, increases in arrests would be inevitable. This is more of a long-term solution as it would require permanent personnel, local jail space and/or transportation agreements.

#### **Conducting Non-Detained Unit Voluntary Departure Case Review Blitzes:**

Past-due cases assigned to the Non-Detained Voluntary Departure (VD) docket could be reviewed every one (1) to three (3) months (files blitzes) in ATS to determine if the aliens have departed the U.S. as required under VD, or self-deported after the VD period expired, so the cases could be closed in EARM. While these blitzes may not result in a significant number of case closures or criminal "removals", it would not take significant resources to conduct the blitzes either. Each office could utilize existing personnel for a few days each month or every three months to run past-due VD cases in ATS. Some cases would be closed when departure is verified, while others would be referred to Fugitive Operations for further investigation and possible arrest.

#### **North Carolina Criminal Alien Program (CAP):**

Charlotte (CLT) CAP is working with North Carolina Adult Probation and Parole and will be setting up at a minimum one (1) arrest operation each month for the remainder of FY 2012. We will set as many as we can depending on the timeliness and responsiveness of the local probation officials / supervisors. This could net approximately fifty (50) additional criminal arrests / removals.

CLT CAP is prepared to adjust shifts so that we could work weekends at local jails in order to identify criminal aliens arrested by local law enforcement officials who would normally be released prior to being encountered on Monday. This could net approximately 50-100 additional criminal arrests or more, based on frequency.

On the Southeast section of North Carolina (Wilmington) there are currently only two (2) IEAs assigned in that area. We would like to TDY additional staff in that area to make it a full CAP team. They would be responsible for the surrounding eight (8) counties to include two (2) South Carolina counties that the Charleston office has difficulty reaching.

Reinstitute weekend CAP Surges at local and state prisons within our AOR. We can schedule mini CAP surges every weekend for the remainder of FY 2012. Left to our own devices and resources (overtime), we could likely generate an additional forty (40) cases per month.

If we are able to receive ERO detailers from outside the AOR, we could work these CAP surges during the week (in addition to weekends) as well. There are definitely numbers at the over 70

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## **ERO Atlanta Field Office: *Prospective Criminal Apprehension Initiatives***

### **Page 4 of 8**

state and local jails within our AOR. If we had 5-10 detailers, we could probably generate 50-100 additional cases per month.

#### **Assist at Organized Checkpoints:**

We have been approached by multiple police departments and county Sheriff's Offices to participate with them during scheduled traffic checkpoints. ICE would not be at the checkpoint itself so this would not appear to be an ICE organized checkpoint. The locals would be the lead agency checking for DWIs, NOL, and other traffic/criminal offenses. When the vehicles get sent to the secondary location, we (ICE) would be set up there, waiting to interview all individuals that we deem necessary. This would include occupants in the vehicle if necessary. We would also have the mobile IDENT machines set up to take fingerprints to get an accurate account of all immigration and criminal history.

CLT Fugitive Operations participated with Mecklenburg County during a traffic checkpoint operation back in 2007, where they netted multiple criminal arrests at the end of the night. The counties that are requesting assistance are primarily counties that do not have a 287(g) program and are located a great distance from Charlotte, which makes it very difficult to get out to these areas on a daily basis. Using the traffic checkpoint would enable us to encounter people that we wouldn't normally encounter during day to day operations.

The only individuals arrested during this joint effort would be criminal aliens, fugitives and re-entries. It could even be handled in the same manner as the Operation Cross Check cases: non-criminal "in-absentia" cases, where the removal order was issued prior to 2008, would not be targeted. This would be left up to the discretion of the Field Office Director (FOD) knowing that prosecutorial discretion (PD) may come into play with a lot of these cases.

The amount of apprehensions this would lead to is unknown as we have only conducted one of these traffic checkpoints back in 2007.

No additional staff would be needed. The Fugitive Operations Teams could handle the workload and if needed, we could reach out to additional units within the Field Office to supplement.

#### **Targeting Inactive Foreign-Born Probationers:**

With respect to Raleigh, North Carolina, the Criminal Alien Program became fully active in 2007. Prior to that there were limited resources covering this area between legacy DRO and the Office of Investigations. Additionally, the 287(g) program did not become operational in Raleigh until 2008 and Secure Communities until 2009. Therefore, there are a large number of foreign born individuals that were arrested and convicted prior to 2007, who did not come to the attention of ICE. The North Carolina Department of Community Corrections (DOCC) has been instrumental in assisting ICE in identifying and removing foreign born offenders on active probation; however, there is the potential for a large number of offenders not identified by ICE as their respective probation sentences expired prior to ICE's active role with DOCC.

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In order to identify those offenders who have been overlooked by ICE, locally a POC with DOCC should be established (we in Raleigh have done this through Fug Op personnel) and access their foreign born offenders with a probation completion date prior to 2007. This list could then be vetted through the Fugitive Operations Support Center (FOSC) and distributed to the respective Fugitive Operations Teams within the AOR for targeting under the “at-large criminal alien” population.

### **ICE Personnel Assisting Local Gang Units During Field Operations:**

Currently, HSI has limited resources to dedicate to gang enforcement in various AORs. With HSI’s consent, ERO personnel should be permitted to take an active role with various local police/sheriffs “Gang Units”. The Raleigh Fugitive Operations Unit has begun requesting lists of active gang members from local sources and vetting the individuals of gangs known to have a high foreign-born membership (i.e.: SUR 13, MS 13, etc.) through ICE indices in an attempt to identify ICE targets. Additionally, ERO personnel would be authorized to assist local LEOs during targeted enforcement actions involving the aforementioned gangs. This involvement would utilize local LEOs as a force multiplier.

### **North Carolina DMV Project:**

The North Carolina Department of Motor Vehicles (NCDMV) License & Theft Division has been instrumental in assisting the Raleigh Fugitive Operations Team with regards to locating and apprehending ICE fugitives. Mirroring the Newark CAP DMV project, the involvement of NCDMV Inspectors utilizing the state’s current facial recognition technology to screen potential fraud cases could benefit both ICE and the NCDMV.

Additionally, increases in “No Operators License” (NOL) arrests are inundating CAP and 287(g). Previously, documents considered acceptable for proof of residency in North Carolina were easily forged, or the information provided by applicants was not verified. However, in 2006, state lawmakers required a valid social security number or visa. The DMV stopped accepting Mexican ID cards in 2004. Therefore, cooperating with DMV to identify all denied license renewal applications (due to lacking proof of residency) would provide a significant foreign-born target base which could be vetted further to identify those with prior criminal convictions.

### **Coordinating with Local Magistrates and District Attorneys:**

An alarming number of individuals pending charges at the local level subsequently have their charges “dismissed” due to the presence of an ICE Detainer. This causes the individual to transfer into ICE custody lacking a criminal conviction. At the local level, ICE Agents/Officers should coordinate with all Magistrates and District Attorneys to explain the importance of a criminal conviction relative to the removal process. If plea-agreements could replace dismissals, it would allow for more aliens rightly deserving of a criminal classification.

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#### **State Probation and Parole Outreach (South Carolina and Georgia):**

Charleston ERO will reach out to South Carolina Probation and Parole and Georgia Probation and Parole to identify current active criminal aliens who are actively reporting to probation and parole officers. Charleston ERO can anticipate encountering 400-1,000 criminal aliens in the states of South Carolina and Georgia.

Charleston ERO will also ask for a list of inactive cases dating back five (5) years and will vet the list for any potential criminal aliens who were not placed in removal proceedings. Charleston ERO can anticipate generating at least 3,500 possible leads in both South Carolina and Georgia. The potential leads will be targeted for arrest during Cross-Check Operations and future CAP surges.

#### **4<sup>th</sup> Quarter Operation Cross-Check IV:**

The Charleston Fugitive Operations Team will actively target criminal aliens in the Savannah, Georgia, area as part of Operation Cross-Check IV. Georgia Probation and Parole in Pooler, Georgia, has pledged their support and cooperation and we anticipate identifying at least twenty (20) criminal aliens at the Pooler, Georgia, Probation Office. Charleston Fugitive Operations will also reach out to Glynn, Liberty, Chatham and McIntosh County Probation and Parole and anticipates an additional twenty-five (25) criminal aliens during Operation Cross-Check IV. Charleston ERO will also obtain an Absconder List from the surrounding Georgia counties and will actively seek to encounter any foreign born absconders.

All processing will be performed at the Savannah ERO office. The Charleston Fugitive Operations Unit (five (5) members) and ten (10) additional volunteers will be required from Charleston CAP, DMU and other local federal agencies as well as officers from the Savannah, Georgia, ERO office.

#### **Local Law Enforcement DUI Checkpoints:**

Charleston CAP can reach out to surrounding local counties and will look into participating on weekend DUI Checkpoints. Hardeeville Police Department (Jasper County) currently performs two monthly DUI Checkpoints which are posted in the local newspaper. The checkpoint locations are not disclosed but the dates of the operations are posted and are public record. Charleston ERO can partner with Hardeeville PD and other local law enforcement agencies and identify any foreign born nationals amenable to removal before they have a chance to post bond/bail.

Charleston ERO can anticipate a minimum of ten (10) arrests per operation and ERO should be able to allocate at least three officers at the local jails. At no time will ICE officers be stationed at the DUI checkpoints, ERO will be stationed at the local jail and will place ICE Detainers as needed.

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### **County Solicitor's Office Outreach:**

Charleston ERO has reached out to several County Solicitor's offices to obtain current rosters for their General Sessions Court Cases. Charleston ERO will vet the lists for any foreign born criminal aliens and will try to apprehend these individuals after their court appearances or at their last known address. Charleston ERO currently has access to the Aiken County General Sessions Court Roster via the Aiken County Website. The Charleston Fugitive Operations Unit has already identified at least ten (10) at large criminal aliens and encountered one (1) criminal alien at a State Correctional Facility with no active ICE Detainer in place.

Charleston ERO can anticipate encountering 25 to 75 "at large" criminal aliens from the Aiken County Solicitor's Office, which includes Barnwell and Bamberg County.

### **South Carolina SLED Outreach:**

Charleston ERO will reach out to the South Carolina State Law Enforcement Division (SLED) and will work diligently to identify any foreign born sex offenders that have not been encountered by Immigration and Customs Enforcement Officers. The Charleston Fugitive Operations Team will take the lead on this initiative and not only identify foreign born Sexual Predators but also serious at large criminal offenders.

### **Secure Communities:**

Charleston ERO CAP will conduct outreach with all secure communities counties to ensure that all encounters are being submitted via biometric live scan technology to ICE. It appears that several counties in South Carolina are experiencing technical issues with the live scan equipment and are unable to submit fingerprints appropriately. Thus, they are sending hard fingerprint cards manually to SLED for submission to ICE. However, because of the slow turn around on manual submission of finger prints many criminal aliens are being released prior to Immigration being notified. Correcting these issues will greatly increase the overall number of criminal aliens encountered statewide by the CAP Unit.

### **Local Law Enforcement Task Force:**

Operation Joint Effort is a partnership between FOD San Diego (FSD) and the Escondido Police Department (EPD) which was implemented on May 9, 2010. This partnership consists of three Deportation Officers who have been detailed to work with EPD. The objective is to use the resources of both agencies to locate, arrest, and remove criminal, fugitive, and previously removed aliens who are encountered in the city of Escondido, CA.

FOD Atlanta would like to implement something similar by working with our local police departments. The average midsize police department issues between 250 and 400 traffic tickets per week and completes 50+ field interview cards. This is a lot of data that is being collected that

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ICE could look into. There are a tremendous number of local law enforcement encounters that occur on a daily basis where the individual is the subject of a traffic ticket or warning or a field interview and is not taken into custody. If we could look at the data from these types of encounters and run them through our databases we are likely to identify a number of aliens that fall into one of the four priorities. To date the FOD San Diego collaboration has resulted in the arrest of over 900 criminal aliens and we feel the Atlanta AOR could benefit from this as well.