



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Chambers		First Name (Given Name) Gregory		Middle Initial A.	Other Names Used (if any)	
Address (Street Number and Name) 691 Dayton Ave.		Apt. Number up	City or Town St. Paul		State MN	Zip Code 55104
Date of Birth (mm/dd/yyyy) 01-28-1989	U.S. Social Security Number 45-14-8322	E-mail Address poosterloc90@gmail.com			Telephone Number (651) 786-5923	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

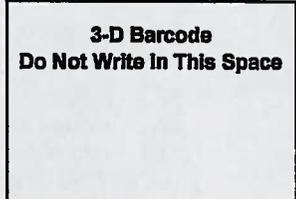
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Greg Chambers	Date (mm/dd/yyyy): 3/25/15
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Chambers, Gregory

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Certificate of Birth</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>Minnesota Department of Health</u>
Document Number:		Document Number: <u>H458085518917</u>		Document Number: <u>0507 CST</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>01-28-19</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 3-26-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kaitlin M. Ritter</u>		Date (mm/dd/yyyy) <u>3-26-15</u>	Title of Employer or Authorized Representative <u>Staffing Specialist</u>	
Last Name (Family Name) <u>Ritter</u>		First Name (Given Name) <u>Kaitlin</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
				Zip Code <u>55439</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **1458085518917** BIRTH DATE (MM/DD/YYYY): **01281989**

FULL LEGAL NAME: **Gregory Allen Chambers** COMPLETE FIRST NAME: **Gregory** COMPLETE MIDDLE NAME: **Allen** COMPLETE LAST NAME: **Chambers**

PREVIOUS LEGAL NAME: _____ COMPLETE FIRST NAME: _____ COMPLETE MIDDLE NAME: _____ COMPLETE LAST NAME: _____

FULL RESIDENCE ADDRESS: **601 Dayton ave.** NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

CITY: **St. Paul** STATE: **MN** ZIP CODE: **55104** APT# _____ MIN COUNTY: **RAMSEY**

OPTIONAL MAILING ADDRESS: MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

STREET: _____ STATE: _____ ZIP CODE: _____ APT# _____ MIN COUNTY: _____

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: **BRN** HEIGHT: **6** FT. **1** IN. WEIGHT IN POUNDS: **178** GENDER: MALE FEMALE

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: **651-297-3298**
 License Status, available 24/7: **651-284-2000**
 General DVS Information: **651-296-6911**
 TDD/TTY: **651-282-6555**



Driver & Vehicle Services

2015702088 only ✓

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Notes: **Lost**

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, as required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

Signature: Gregory Chambers APPLICATION DATE: **032615**

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED. AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

(DVS USE ONLY)

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Deputy 140

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT

NOT A STANDALONE IDENTIFICATION DOCUMENT



MN CARD NUMBER: H 4 5 8 0 8 5 5 1 8 9 1 7 MONTH: 0 1 2 8 1 9 8 9 YEAR: 8 9

PREVIOUS NAME: Gregory Allen Chambers Jr.

RESIDENCE ADDRESS: 691 Dayton ave. CITY: St. Paul STATE: MN ZIP CODE: 55104 APT.#: up

OPTIONAL MAILING ADDRESS: CITY: STATE: ZIP CODE: APT.#:

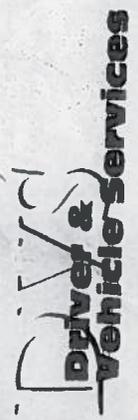
PHYSICAL DESCRIPTION: EYE COLOR: BRN HEIGHT: 6 FT. 01 IN. WEIGHT IN POUNDS: 198 GENDER: MALE

NOTE: THE POST OFFICE WILL NOT FORWARD YOUR CARD

Visit www.dps.mn.gov to:

- Check the status of your application
- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298
License Status, available 24/7: 651-284-2000
General DVS Information: 651-296-6911
TDD/TTY: 651-282-6555



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Processed: Online Offline

Triple Check

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MINNESOTA DEPARTMENT OF HEALTH
SECTION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. CHILD'S NAME (First, Middle, Last) Gregory Allen Chambers Jr.		2. DATE OF BIRTH (Month, Day, Year) January 28, 1989		3. TIME OF BIRTH 0507 CST	
4. SEX Male	5. PLURALITY—Single, Twin, Triplet, etc. (Specify) Single	6. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)		7. CITY OR TOWNSHIP OF BIRTH St. Paul	
8. COUNTY OF BIRTH Ramsey		9. PLACE OF BIRTH <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Free-standing Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street & number) United Hospital Incorporated					
11. I certify that I attended the birth of this child who was born alive at the place and time and on the date stated. Signature = M. McCreary, M.D.				12. DATE SIGNED (Month, Day, Year) 1-28-89	
13. ATTENDANT'S NAME AND TITLE (Type or Print) Name Miriam K. McCreary, M.D. <input checked="" type="checkbox"/> MO <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Other (Specify)			14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, State, Zip Code) 840 Lowry Medical Arts Building St. Paul, MN 55102		
15. REGISTRAR'S SIGNATURE Sharon J. [Signature] DEPUTY			16. DATE FILED BY REGISTRAR (Month, Day, Year) FEB 17 1989		
17a. MOTHER'S PRESENT NAME (First, Middle, Last) Mary Alice Molin		17b. MAIDEN SURNAME Molin		18. DATE OF BIRTH (Month, Day, Year) May 2, 1955	
19. BIRTHPLACE (State or Foreign Country) Minnesota		20a. RESIDENCE OF MOTHER—STATE Minnesota		20b. COUNTY Ramsey	
20c. CITY OR TOWNSHIP St. Paul		20d. INSIDE CITY LIMITS (Yes or No) Yes		21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP) 55104	
20e. STREET AND NUMBER 1186 Hague Avenue		22. FATHER'S NAME (First, Middle, Last)		23. DATE OF BIRTH (Month, Day, Year)	
24. BIRTHPLACE (State or Foreign Country)		25. I certify that the personal information on this certificate is correct to the best of my knowledge and belief. Signature of Parent = Mary Alice Molin			

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS, SEE HANDBOOK.

DO PARENTS WANT SOCIAL SECURITY NUMBER FOR CHILD? YES NO

THIS SPACE RESERVED FOR USE OF REGISTRAR

Certified to be a true and correct copy of the record on file with the Division of Public Health, City of St. Paul, Minnesota.

Alterations shown made under authority of Minnesota Statute 144.172, and Regulation of State Board of Health.

(Signed) **Sharon J. [Signature]**
Deputy Registrar, Vital Statistics

is 2nd. day of March 1989

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/26/2015
Page: 1 of 1

Case Verification Number: 2015085162722DY

Case Information:**Employee Information:**

Last Name:	Chambers	First Name:	Gregory
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 8322	Date of Birth:	01/28/1990
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Certification of Report of Birth (Form DS-1350)
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	01/28/2019
Alien Number:		I-94 Number:	
Additional Information:		Employer Case ID:	
Hire Date:	03/26/2015	Three-Day Rule - Other:	
Submitted By:	KRIT3361	Submitted On:	03/26/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: _____ Referred On: _____

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result: _____

Request Name Review:

Comments: _____
 Submitted By: _____ Submitted On: _____

Case Result from DHS (after DHS Verification in Process):

Case Result: _____ Response Date: _____

Employee Referred to DHS:

Referred By: _____ Referred On: _____

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Photo Matching Results:



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Chambers		First Name (Given Name) Gregory		Middle Initial A.	Other Names Used (if any)	
Address (Street Number and Name) 691 Dayton ave.			Apt. Number 40	City or Town St. Paul	State MN	Zip Code 55104
Date of Birth (mm/dd/yyyy) 01-28-1989	U.S. Social Security Number 445-14-8322	E-mail Address pooterloc90@gmail.com			Telephone Number (651) 786-5923	

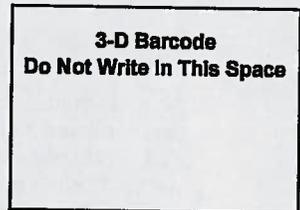
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Greg Chambers	Date (mm/dd/yyyy): 3/25/15
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page





Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Chambers, Gregory

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Certificate of Birth</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>Minnesota Department of Health</u>
Document Number:		Document Number: <u>H458085518917</u>		Document Number: <u>0507 CST</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>01-28-19</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 3-26-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kaitlin M. Ritter</u>		Date (mm/dd/yyyy) <u>3-26-15</u>	Title of Employer or Authorized Representative <u>Staffing Specialist</u>	
Last Name (Family Name) <u>Ritter</u>		First Name (Given Name) <u>Kaitlin</u>		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town EDINA	State MN
			Zip Code 55439	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **1458085518917**

BIRTH DATE (MONTH/DAY/YEAR): **01281989**

FULL LEGAL NAME: **Greepny Allen Chambers**

COMPLETE FIRST NAME: **Allen**

COMPLETE LAST NAME: **Chambers**

PREVIOUS LEGAL NAME

COMPLETE MIDDLE NAME

COMPLETE LAST NAME

FULL RESIDENCE ADDRESS

691 Dayton ave.

NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

CITY

St. Paul

STATE

MN

APT#

55104

MIN COUNTY

RANDOLPH

OPTIONAL MAILING ADDRESS

NOTE: MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

NUMBER

STREET

STATE

ZIP CODE

APT#

MIN COUNTY

APPLICANT'S PHYSICAL DESCRIPTION

BRN

6

1

178

MALE

EYE COLOR

FT.

IN.

WEIGHT IN POUNDS

MALE

FEMALE

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: **651-297-3298**
 License Status, available 24/7: **651-284-2000**
 General DVS Information: **651-296-6911**
 TDD/TTY: **651-282-6555**



Driver & Vehicle Services

(DVS USE ONLY)

PAID
MAR 9 2013
Deputy 140

2015702078 only ✓

TYPE <input checked="" type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> ID <input type="checkbox"/> MBOP <input type="checkbox"/> CDL IP <input type="checkbox"/> REG IP	TESTS PASSED <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	RESTRICTED/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE FEES PAID APPLICATION \$ 15.75 OTHER FEES MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$	VISION <input type="checkbox"/> PASS NR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: PROPER ID TRW EDL DOCS INVALIDATED DL/D / IP STATE EXP.
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Notes:

Lost

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. I am applying for driving privileges. I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

Mary Chambers
 SIGNATURE

032615
 APPLICATION DATE

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT

NOT A STANDALONE IDENTIFICATION DOCUMENT

MIN CARD NUMBER: H 4 5 8 0 8 5 5 1 8 9 1 7 BIRTH DATE: MONTH 0 1 DAY 2 8 YEAR 1 9 8 9

PREVIOUS NAME: Gregory Allen Chambers Jr.

RESIDENCE ADDRESS: 691 Dayton ave. CITY: St. Paul STATE: MN ZIP CODE: 5 5 1 0 4 MN COUNTY: Ramsey

NOTE: THE POST OFFICE WILL NOT FORWARD YOUR CARD

OPTIONAL MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ APT.#: _____

PHYSICAL DESCRIPTION: EYE COLOR BRN HEIGHT 6 FT. 0 1 IN. WEIGHT IN POUNDS 1 9 8 GENDER: MALE FEMALE

Visit www.dps.mn.gov to:

- Check the status of your application
- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298
License Status, available 24/7 651-284-2000
General BVS Information: 651-296-6911
TDD/TTY: 651-282-6555



(DVS USE ONLY)

PAID

DEC 27 2013

Deputy 140

2013702361005

Triple Check Online Offline

TYPE <input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> DUP <input type="checkbox"/> E <input type="checkbox"/> DUP <input type="checkbox"/> F <input type="checkbox"/> DUP <input type="checkbox"/> G <input type="checkbox"/> DUP <input type="checkbox"/> H <input type="checkbox"/> DUP <input type="checkbox"/> I <input type="checkbox"/> DUP <input type="checkbox"/> J <input type="checkbox"/> DUP <input type="checkbox"/> K <input type="checkbox"/> DUP <input type="checkbox"/> L <input type="checkbox"/> DUP <input type="checkbox"/> M <input type="checkbox"/> DUP <input type="checkbox"/> N <input type="checkbox"/> DUP <input type="checkbox"/> O <input type="checkbox"/> DUP <input type="checkbox"/> P <input type="checkbox"/> DUP <input type="checkbox"/> Q <input 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MINNESOTA DEPARTMENT OF HEALTH
SECTION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. CHILD'S NAME (First, Middle, Last) Gregory Allen Chambers Jr.		2. DATE OF BIRTH (Month, Day, Year) January 28, 1989		3. TIME OF BIRTH 0507 CST	
4. SEX Male	5. PLURALITY—Single, Twin, Triplet, etc. (Specify) Single	6. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)		7. CITY OR TOWNSHIP OF BIRTH St. Paul	
8. COUNTY OF BIRTH Ramsey		9. PLACE OF BIRTH <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Free-standing Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street & number) United Hospital Incorporated					
11. I certify that I attended the birth of this child who was born alive at the place and time and on the date stated. Signature: M. McCreary, M.D.				12. DATE SIGNED (Month, Day, Year) 1-28-89	
13. ATTENDANT'S NAME AND TITLE (Type or Print) Name: Miriam K. McCreary, M.D. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Other (Specify)			14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, State, Zip Code) 840 Lowry Medical Arts Building St. Paul, MN 55102		
15. REGISTRAR'S SIGNATURE Sharon J. [Signature]			16. DATE FILED BY REGISTRAR (Month, Day, Year) FEB 17 1989		
17a. MOTHER'S PRESENT NAME (First, Middle, Last) Mary Alice Molin		17b. MAIDEN SURNAME Molin		18. DATE OF BIRTH (Month, Day, Year) May 2, 1955	
19. BIRTHPLACE (State or Foreign Country) Minnesota		20a. RESIDENCE OF MOTHER—STATE Minnesota		20b. COUNTY Ramsey	
20c. CITY—OR TOWNSHIP St. Paul		21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP) 55104		22. FATHER'S NAME (First, Middle, Last) 1186 Hague Avenue	
23. DATE OF BIRTH (Month, Day, Year)		24. BIRTHPLACE (State or Foreign Country)		25. I certify that the personal information on this certificate is correct to the best of my knowledge and belief. Signature of Parent: Mary Alice Molin	

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS, SEE HANDBOOK.

DO PARENTS WANT SOCIAL SECURITY NUMBER FOR CHILD? YES NO

THIS SPACE RESERVED FOR USE OF REGISTRAR

Certified to be a true and correct copy of the record on file with the Division of Public Health, City of St. Paul, Minnesota.

Alterations shown made under authority of Minnesota Statute 144.172, and Regulations of State Board of Health.

(Signed) **Sharon J. [Signature]**
Deputy Registrar, Vital Statistics

is 2nd day of March 1989