



SOCIAL SECURITY

774-86-1461

THIS NUMBER HAS BEEN ESTABLISHED FOR

**KU
NAW**

SIGNATURE _____ **03/01/2013**



This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2011)



G13512985

TEMPORARY CREDENTIAL



Minnesota Department of Public Safety
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175 Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
dvs.dps.mn.gov



DL/ID #: **C153-057-173-809**
TEMPORARY CREDENTIAL EXPIRATION
18-May-2019
DATE OF BIRTH
01-Jan-1998

APPLICANT INFORMATION

APPLICATION DATE 18-Jan-2019

APPLICATION NAME NAW, KU

CREDENTIAL INFORMATION

Name	NAW, KU	Date of Birth	01-Jan-1998
DL/ID Number	C153-057-173-809	Height	5ft 2in
Residence Address	1272 HUDSON RD APT 102 SAINT PAUL MN 55106-6243	Eye Color	Brown
Card Mailed To	1272 HUDSON RD APT 102 SAINT PAUL MN 55106-6243	Sex	Female
Station Location	St. Paul (702)	Weight	110 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	State ID	Veteran	No
Endorsements	None		
Restrictions	None		



KU

**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

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	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TTY	651-282-6555

PAID
(DVS PAID STAMP ONLY)

JAN 18 2019

Deputy 140



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

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE PROCEEDING
PLEASE PRINT CLEARLY WITH BLACK INK USING ALL CAPITAL LETTERS

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

C1153057173809 011011998

YOUR LEGAL NAME: KU COUNTY: MN CITY: St. Paul

COMPLETE FIRST NAME: KU COMPLETE MIDDLE NAME: COMPLETE LAST NAME: MANN

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: COMPLETE MIDDLE NAME: COMPLETE LAST NAME:

SOCIAL SECURITY NUMBER: [REDACTED] I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER.

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) (NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CHECK.)
1272 Hudson RD Apt 102

NUMBER: 1272 Hudson RD STATE: MN ZIP CODE: 55106 MIN COUNTY: MN

OPTIONAL Mailing Address (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.
I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE: APR 02 TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

APPLICANT'S PHYSICAL DESCRIPTION: Eye Color: BROWN Height: 5 Ft. 2 In. Weight in Pounds: 110 Male Female

DONOR DOCUMENT OF GIFT: I want my license or identification card to show that I choose to be an organ and tissue donor under the UNIFORM ANATOMICAL GIFT ACT (2007), M.S. § 171.07. (SEE #3 ON BACK OF WHITE COPY) CONTRIBUTION: I would like to contribute \$2 to support organ and tissue donation education.

To Remove an existing donor indicator on your card, write REMOVE here:

- All applicants must answer these statements (please circle your response)
- YES NO I request that my license or ID card show that I have a living will or health care directive.
 - YES NO I request that my license or ID card have a Medical Alert Identifier. I understand that the card will not specify any medical information, and that I will carry the necessary information.
 - YES NO Have you had a driver's license or instruction permit from any jurisdiction other than Minnesota within the last ten (10) years? If YES, where?
 - YES NO All driver's license and instruction permit applicants: (please circle your response) Do you have any medical condition that may impact your ability to safely operate a motor vehicle? If YES, explain:
 - YES NO Do you use injectable insulin? (those with diabetes only)
 - YES NO Do you use any medication, other than insulin, to control loss of consciousness or voluntary control? If YES, explain:
 - YES NO Provisional licensed driver & ONLY: (please circle your response) Do you have any convictions for alcohol, controlled substances, or moving violations on your driving record?

CDL Drivers, ONLY: (please circle your response) Do you have any convictions for alcohol, controlled substances, or moving violations on your driving record?

THIS SECTION FOR DVS OFFICE USE ONLY

Triple Check Completed ONLINE

TYPE	REG <input type="checkbox"/> EDL <input type="checkbox"/>	TESTS PASSED (STATE ORIGIN USE ONLY)	RESTRICT/ENDORSE	VISION
A	<input type="checkbox"/> DUP	D	MC ORIGINAL <input type="checkbox"/>	PASS NR <input type="checkbox"/>
B	<input type="checkbox"/> DUP	MC	MC RENEWAL <input type="checkbox"/>	PASS WITH CL <input type="checkbox"/>
C	<input type="checkbox"/> DUP	MBOB	ADD/REMOVE <input type="checkbox"/>	INCOMPLETE <input type="checkbox"/>
D	<input type="checkbox"/> DUP	GK		ATTACHED: <input type="checkbox"/>
PROV	<input type="checkbox"/> DUP	AR	FEES PAID	PROPER ID
ID	<input type="checkbox"/> DUP	COMB	APPLICATION	YES <input type="checkbox"/> NO <input type="checkbox"/>
MBOB	<input type="checkbox"/> DUP	DBL/TRIPLE	OTHER FEES	
CLP	<input type="checkbox"/> REG IP	PASSENGER	MC	SB PHYS
REG IP	<input type="checkbox"/>	SCHOOL BUS	REIN FEE	OTHER
INDICATORS		TANKER	ORGAN DONATION	
SENIOR	<input type="checkbox"/>	HAZMAT		
FTD MOBILITY	<input type="checkbox"/>	DWI		
SNOWMOBILE	<input type="checkbox"/>	RT Passed		
BREARM	<input type="checkbox"/>	RT Waived		
S.O./TC	<input type="checkbox"/>			
VEETERAN	<input type="checkbox"/>			

NOTES:

APPLICANT PROCESSED BY: STATE: MN EXP:

TODAY'S DATE: 010811

Walls provided all privacy walling as required by state and federal law. Submission of this application on this application is void if registration with the selective service system, if 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. § 168.444 regarding the safety of children around school buses.

PLEASE DO NOT SIGN UNTIL DIRECTED

I am applying for driving privileges. I approve this application. If applying for an under 21 driver's license, I certify that the applicant has driven under the supervision of a licensed driver at least 21 years of age for not less than 10 hours.

Parent/Court-appointed legal guardian signature

Relationship to Applicant:

Subscribed and sworn before me: Date Signed:

Notary Public Signature and Seal

NOTARY PUBLIC SIGNATURE AND SEAL

NOTARY REGISTRATION CARD: Are you a U.S. citizen? YES NO

Will you be 28 or before the next election? YES NO

See eligibility information below.

Read the statement below and sign only if ALL parts apply to you.

I certify that I will be at least 18 years old on election day and that I am a citizen of the United States, maintain residence at the address shown above, and will have resided in Minnesota for 20 days immediately preceding election day. I am not under court-ordered guardianship in which my right to vote was revoked, and have not been found by a court to be legally incompetent to vote. If I have been convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence, I have read and understand this statement, and I understand that giving false information is a felony punishable by not more than five (5) years imprisonment and a fine of not more than \$10,000, or both.

Voter's Signature: School District (if known):

Phone and/or Email: Date:

1699021N