

**CERTIFICATE OF BIRTH**

STATE FILE NUMBER **1999-MN-057115**

<b>FULL NAME</b>	<b>PAYTON LEE WOOD</b>
<b>DATE OF BIRTH</b>	<b>NOVEMBER 01, 1999</b>
<b>TIME</b>	<b>02:25 PM</b>
<b>PLURALITY</b>	<b>SINGLE (1)</b>
<b>SEX</b>	<b>MALE</b>
<b>PLACE OF BIRTH</b>	<b>HEALTHEAST ST JOSEPHS HOSPITAL SAINT PAUL RAMSEY MINNESOTA</b>
<b>PARENT</b>	<b>STACY ANN THOLE</b>
<b>NAME PRIOR TO FIRST MARRIAGE</b>	<b>THOLE</b>
<b>DATE OF BIRTH</b>	<b>DECEMBER 24, 1976</b>
<b>PLACE OF BIRTH</b>	<b>MINNESOTA</b>
<b>PARENT</b>	<b>ANDREW MICHAEL WOOD</b>
<b>DATE OF BIRTH</b>	<b>SEPTEMBER 07, 1977</b>
<b>PLACE OF BIRTH</b>	<b>MINNESOTA</b>

ANY AMENDMENT MADE PRIOR TO 08/10/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID  
11702172



62A-000830609

FILED: NOVEMBER 29, 1999

*Molly Mulcahy Crawford*

Molly Mulcahy Crawford  
STATE REGISTRAR

ISSUED: JANUARY 25, 2019

RAMSEY COUNTY DEPT. OF PUBLIC HEALTH

# TEMPORARY PERMIT



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](http://dvs.dps.mn.gov)



DL/ID #: **S139-175-862-613**  
TEMPORARY CREDENTIAL EXPIRATION  
**20-Jul-2019**  
DATE OF BIRTH  
**01-Nov-1999**

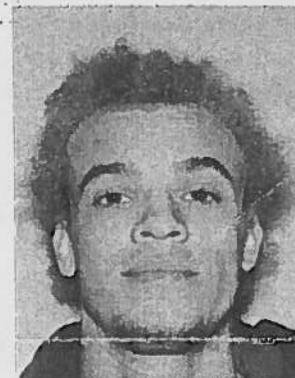
## APPLICANT INFORMATION

APPLICATION DATE 22-Mar-2019

APPLICATION NAME WOOD, PAYTON LEE

## CREDENTIAL INFORMATION

Name	WOOD, PAYTON LEE	Date of Birth	01-Nov-1999
DL/ID Number	S139-175-862-613	Height	6ft 2in
Residence Address	6023 E VIKING BLVD APT 202 WYOMING MN 55092-3251	Eye Color	Hazel
Card Mailed To	6023 E VIKING BLVD APT 202 WYOMING MN 55092-3251	Sex	Male
Station Location	Arden Hills - North Metro (751)	Weight	160 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	Class D Permit	Veteran	No
Endorsements	None		
Restrictions	None		



*Payton Wood*

**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](http://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

(DVS/PAID STAMP ONLY)

DEPT/PUBLIC SAFETY-DRVR LICENSE

**THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT**

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 11011999

BIRTH DATE (Month/Day/Year): 11011999

FULL LEGAL NAME: Kevin Lee Wood

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION): None

COMPLETE FIRST NAME: Kevin

COMPLETE MIDDLE NAME: Lee

COMPLETE LAST NAME: Wood

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS YOUR CURRENT AND 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 TO HAVE YOUR CARD SENT TO THE ADDRESS BEHIND:

Number: 6522 Street: East Viking Blvd STATE: MN ZIP CODE: 55092 MN COUNTY: None

City: Worthington

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 TO HAVE YOUR CARD SENT TO THE ADDRESS BEHIND:

Number: \_\_\_\_\_ Street: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ MN COUNTY: \_\_\_\_\_

APPLICANT'S PHYSICAL DESCRIPTION: EYE COLOR: Hzy HEIGHT: 6'02" IN. WEIGHT IN POUNDS: 160 MALE  FEMALE

<b>TYPE</b> <input 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"/> CLP <input type="checkbox"/> REG IP	<b>EDL</b> <input type="checkbox"/> EDL <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP	<b>TESTS PASSED</b> (STATE EXAM USE ONLY) <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	<b>RESTRICT/ENDORSE</b> <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE  <b>FEES PAID</b> APPLICATION \$ _____ OTHER FEES \$ _____ MC \$ _____ SB PHYS \$ _____ REIN FEE \$ _____ OTHER \$ _____ ORGAN DONATION \$ _____	<b>VISION</b> <input type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:	<b>PROPER ID</b> <u>MVID</u>	<b>INVALIDATED</b> DL / ID / IP STATE: _____ Exp: _____
<b>NOTES</b> <u>Wife</u>						

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. 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.

X

Applicant Signature

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.

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

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

Questions? Contact Us:

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- DVS Locations: 651-297-2005
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555

(DVS USE ONLY)



PSS3100-36

# MINNESOTA

## IDENTIFICATION CARD NOT A DRIVER'S LICENSE

UNDER 21



PAYTON LEE WOOD  
6023 E VIKING BLVD #202  
WYOMING, MN 55092

Date of Birth 11-01-1999 AGE 18 11-01-2017

Sex Eyes Class  
M HZL ID

Height Weight  
6-1 160

ISSUED 07-2016 EXPIRES 11-01-2020

*Payton Wood*

S139175862613