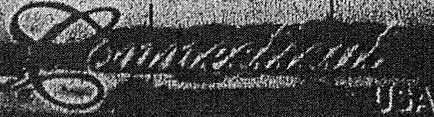


DL

Class D



DRIVER LICENSE



09-08-1977

1 Class: **D** 12 Restr: **B**

13a Endors: **NONE**

4d Lic #: **098904334**

15 Sex: **M**

3 DOB: **09-08-1977** ♥

16 Ht: **68 in**

18 Eyes: **BLU**

4b Expires: **09-08-2017**

Stephen P. Brennan

1 **BRENNAN**

2 **STEPHEN P**

3 **34 RIVER VIEW RD**

GAYLORDSVILLE CT 06755-1402



Stephen P. Brennan

4a Issued: **05-12-2012**

AMERICA BEHOLD THE GREAT UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

VALID FOR WORK ONLY
WITH DHS AUTHORIZATION

047-13-3162

THIS NUMBER HAS BEEN ESTABLISHED FOR

STEPHEN PATRICK
BRENNAN

Stephen Patrick Brennan

SIGNATURE

USA 04/08/2009

UNITED STATES OF AMERICA

PERMANENT RESIDENT



Surname
BRENNAN

Given Name
STEPHEN P

USCIS#
088-529-495

Country of Birth
Ireland

Date of Birth
08 SEP 1977

Card Expires:

Resident Since:

Category
IF1

Sex
M

12/15/21

04/23/09



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/29/2014
Page: 1 of 1

Case Verification Number: 2014363135523DW

Case Information:**Employee Information:**

Last Name:	Brennan	First Name:	Stephen
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3162	Date of Birth:	09/08/1977
Citizenship Status:	A lawful permanent resident	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:	Social Security Card
Document Name:	Driver's license	Document State:	Connecticut
Driver's License or ID Card Number:		Document Expiration Date:	09/08/2017
Alien Number:	088529495	I-94 Number:	

Additional Information:

Hire Date:	12/29/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	EPOR4912	Submitted On:	12/29/2014

Initial Case Result:

Last Name (in DHS records):	BRENNAN	First Name (in DHS records):	STEPHEN
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:
--------------	----------------