

1A1

FD-340 (Rev. 8-7-97)

Universal Case File Number

[Redacted]

Field Office Acquiring Evidence SD

Serial # of Originating Document _____

Date Received 7/13/99

From DMU
(Name of Contributor)

(Address of Contributor)

(City and State)

By DA [Redacted]
(Special Agent)

To Be Returned Yes No
Receipt Given Yes No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure
 Yes No

Title: Anwar Awlaki
IT-Hamas

Reference: _____
(Communication Enclosing Material)

Description: Original notes re interview of
DMU photo of subject

1A1

b7A

b6
b7C

MFA

*** UNSOLICITED MESSAGE RECEIVED ***

Sat Jun 26 12:45:30 1999

1FBK0TMF300.DDL0.DDL
ORIG: FBI

SAN DIEGO COUNTY 12:46 06/26/99.

PLEASE MAIL DRIVER LICENSE PHOTOGRAPH AND APPLICATION FOR SUBJECT:
AULAQI, ANWAR NASSER

CALIFORNIA OLN: B8474965

FBI SAN DIEGO

ATTN: [REDACTED]
9797 AERO DRIVE
SAN DIEGO, CA 92123

JPK/FBH

Awlaki-404

b6
b7C
b7E

The answers to questions 3, 4, and 5 below are for the confidential use of the DMV

**DRIVER LICENSE
AND PERMIT
APPLICANTS
ONLY**

	If yes, briefly explain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Do you wear corrective contact lenses?												
CDL CERTIFICATION	<input type="checkbox"/> I expect to operate in interstate or foreign commerce and I meet the qualifications contained in Part 391 of the Federal Motor Carrier Safety Regulations (FMCSA). <input type="checkbox"/> I do not expect to operate in interstate or foreign commerce or I am not subject to Part 391 FMCSA												
CHEMICAL TEST DISCLOSURE	I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with Vehicle Code §23157.												
BAC STATEMENT FOR DRIVERS UNDER 21 YEARS OF AGE	By signing this application, you acknowledge notification of the following information: It is illegal for anyone under age 21 to drive with a blood alcohol concentration (BAC) of 0.01 percent or greater. It is also illegal to refuse to take, or fail to complete, a preliminary alcohol screening test for determining the level of alcohol as required by VC§23137. The penalty of violating either of these provisions is a one-year suspension of the driving privilege. A \$100 reissue fee is required after suspension for reinstatement of the driving privilege. This fee is in addition to any other application fees required for reissuance of the driver license												
SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE	Authority to collect the social security number is 42 U.S.C. 405 and California Vehicle Code §1653.5, §4150.2, §12800, and §12801. It will be used in the administration of driver license laws and motor vehicle registration laws and to respond to requests for information from the Franchise Tax Board for tax administration and from any agency operating pursuant to 42 U.S.C. 601 et seq. It will be used to aid in the collection of monies owed in connection with failure to pay fines or failure to appear in court by an applicant, and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support, and Establishment of Paternity. You are required by law to provide your SSN or your application will be denied.												
MAILING ADDRESS CERTIFICATION	I am the person whose name appears on the front of this form. The mailing address shown is valid, existing, and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.												
PERSONS ACCEPTING LIABILITY FOR APPLICANTS UNDER 18 YEARS OF AGE	<p>ACCEPTANCE OR ASSUMPTION OF LIABILITY FOR APPLICANTS UNDER 18 YEARS OF AGE</p> The person(s) signing this form certifies under penalty of perjury that: <ul style="list-style-type: none"> • He or she is age 18 or over and is a resident of the State of California • He or she has full custody of and consents to the issuance of an original or duplicate driver license to the applicant named on this form. • He or she assumes the liability specified in Vehicle Code §17707 through §17710. • All statements made on this form are true and correct. NOTE: If both parents/guardians have joint custody, both must sign. If only one person has custody, that person must write "I have sole custody" in the box below and sign this application. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MOTHER/GUARDIAN'S SIGNATURE</td> <td style="width: 15%;">DATE</td> <td style="width: 35%;">DAYTIME TELEPHONE NUMBER</td> </tr> <tr> <td>RESIDENCE ADDRESS</td> <td>APT./SPACE NUMBER</td> <td>CITY STATE ZIP CODE</td> </tr> <tr> <td>FATHER/GUARDIAN'S SIGNATURE</td> <td>DATE</td> <td>DAYTIME TELEPHONE NUMBER</td> </tr> <tr> <td>RESIDENCE ADDRESS</td> <td>APT./SPACE NUMBER</td> <td>CITY STATE ZIP CODE</td> </tr> </table>	MOTHER/GUARDIAN'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER	RESIDENCE ADDRESS	APT./SPACE NUMBER	CITY STATE ZIP CODE	FATHER/GUARDIAN'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER	RESIDENCE ADDRESS	APT./SPACE NUMBER	CITY STATE ZIP CODE
MOTHER/GUARDIAN'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER											
RESIDENCE ADDRESS	APT./SPACE NUMBER	CITY STATE ZIP CODE											
FATHER/GUARDIAN'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER											
RESIDENCE ADDRESS	APT./SPACE NUMBER	CITY STATE ZIP CODE											
PERJURY STATEMENT	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.												
SIGNATURE	Do not sign until instructed to do so by a DMV employee. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DATE 8-4-97</td> <td style="width: 40%;">SIGNATURE OF APPLICANT x <i>Awlaki</i></td> <td style="width: 30%;">DAYTIME TELEPHONE NUMBER (619) 465-1917</td> </tr> </table>	DATE 8-4-97	SIGNATURE OF APPLICANT x <i>Awlaki</i>	DAYTIME TELEPHONE NUMBER (619) 465-1917									
DATE 8-4-97	SIGNATURE OF APPLICANT x <i>Awlaki</i>	DAYTIME TELEPHONE NUMBER (619) 465-1917											

DL 44 (REV. 12/90)

Confidential information deleted per section 1033.5 C.V.C. and
the Fair Credit Reporting Act.

State of California
DEPARTMENT OF MOTOR VEHICLES



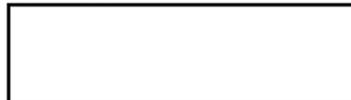
I hereby certify that the document to which this is affixed
is a true copy of the records of the Department of Motor
Vehicles.

Motor Vehicle File No. B8474965

Date 7/1/99 Signed [Signature]

In accordance with Section 1813 CVC, the above employee
of the Department of Motor Vehicles has been authorized
to prepare under seal and certify copies of records of this
Department.

AWlaki-406



1A1

NOT DUPLICATE

20778 2506
66 9 AUG 04 1997 08



44

4545364304

#B8474965



**Application for Driver License,
Identification Card, or Name Change**

NOTE: Present this form in person. Please print carefully. Use black or blue ink only. Information regarding current licensing requirements and fees are in the latest edition of the *California Driver Handbook, Commercial Driver Handbook, and supplements. ONCE THIS APPLICATION FORM AND FEE HAVE BEEN SUBMITTED, NO REFUNDS WILL BE MADE.*

FOR DMV USE ONLY	
BD/LP Doc Code	Max
Initials	Max

SOCIAL SECURITY NUMBER (DL and ID)

(SSN is required before any original identification card application is started.)
(SSN is verified before any original commercial driver license application is started.)

DO YOU WISH TO REGISTER TO VOTE OR UPDATE VOTER RECORD?

- CHECK ONE BOX ONLY. Complete the attached form when checking box "Y" or "C" only.**
- Y First voter registration or a voter registration change (i.e., name change or political party change).
 - N I do not wish to register to vote or to change my voter registration address.
 - C Please update my voter registration address record to a new county.
 - S Please update my voter registration address record within the same county.

APPLICATION FOR DRIVER LICENSE

Enter California driver license number, if any _____ Expires in _____

CHECK APPROPRIATE BOX:
 Original Renewal Duplicate Name Change Add Endorsement Remove Restriction

CLASS OF LICENSE REQUESTED
 For a complete description of license classes, refer to the *California Driver Handbook*

- C - Passenger vehicles, pickup trucks
- C - Class C vehicle transporting hazardous materials
- M1 - 2-Wheel Motorcycle or motor driven cycle.
- M2 - Motorized bicycle, moped, or any bicycle with an attached motor.
- A - Tractor, one trailer over 10,000 lbs. GVWR
- A - Noncommercial overweight travel trailer or 5th wheel travel trailer
- B - Single vehicle over 26,000 lbs. GVWR, bus, farm labor vehicle

ENDORSEMENTS REQUESTED:

- Passenger Transportation
- Doubles/Triples
- Tank Vehicle
- Hazardous Materials/Wastes

REMEMBER: If you have a special certificate, be sure it is current. If not, tell the DMV employee.

Check the box if you will be driving either of the following:
 Tour Bus Transit Bus

Is the vehicle equipped with air brakes? Yes No
 Are any of the above fire fighting equipment? Yes No

APPLICATION FOR IDENTIFICATION CARD

Enter California ID card number, if any _____ Expires in _____

CHECK APPROPRIATE BOX:
 Regular Senior Citizen (Age 62 or older)

NAME AND ADDRESS INFORMATION FOR ALL APPLICANTS

TRUE FULL NAME:		ADDRESS (include St., Ave., Rd., Ct., Blvd., Way, etc.):	
FIRST ANWAR	MIDDLE NASSER	MAILING ADDRESS 7181 Saravene St	APT/SPACE NUMBER
LAST AWLAQI	SUFFIX (JR., SR., III)	CITY San Diego	STATE ZIP CODE CA 92115
RESIDENCE ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS)		APT/SPACE NUMBER	
CITY		STATE ZIP CODE	

PERSONAL INFORMATION

SEX	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DATE OF BIRTH
M	Black	Brown	6'1"	135 lb	MONTH 4 DAY 21 YEAR 71

REQUIRED INFORMATION FOR ALL APPLICANTS

- Have you ever applied for or been issued any of the following documents from California, another state, or another country?
 Driver License Instruction Permit Identification Card Yes No
 If yes, please enter the state or country and the expiration date here: Colorado 9-21-97
- Have you ever applied under a different name? Yes No
 If yes, print the other name(s): _____

Confidential information deleted per section 1808.5 C.V.C. and
the Fair Credit Reporting Act.



State of California
DEPARTMENT OF MOTOR VEHICLES



I hereby certify that the document to which this is affixed
is a true copy of the records of the Department of Motor
Vehicles.

Motor Vehicle File No. B8474965
Date 7/9/99 Signed [Signature]

In accordance with Section 1813 CVC, the above employee
of the Department of Motor Vehicles has been authorized
to prepare under seal and certify copies of records of this
Department.

Awlaki-408

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR USE ONLY AS AUTHORIZED BY DMV

B8474965 DRIVERS LICENSE CLASS: C EXP DATE: 04/21/2001

ANWAR NASSER AULAQI
7181 SARANAC ST

SAN DIEGO, CA 92115

DOB: 04/21/71

SEX: M

HAIR: BLK

EYES: BRN

APP DATE: N/A

ISSUE DATE: 08/05/1997

PHOTO DATE: N/A

PHOTO SEQ #: 0000

TECHNICIAN ID: 08

RSTR: 01

ENDORS:

HEIGHT: 601

WEIGHT: 135

APP OFFICE: N/A

ISSUE OFFICE: 669

PHOTO OFFICE: N/A

TYPE APP: D



Awlaki-409



State of California
DEPARTMENT OF MOTOR VEHICLES

I hereby certify that the document to which this is affixed is a true copy of the records of the Department of Motor Vehicles.

Motor Vehicle File No. B 8474965

Date 7/9/99

Signed [Signature]

In accordance with Section 1813 CVC, the above employee of the Department of Motor Vehicles has been authorized to prepare under seal and certify copies of records of this Department.

Awlaki

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-04-2012 BY 65179 DMH/MJS

Machine: RETSTA_4
07/08/99 09:38:01