



**ATTACHMENT M**  
**AFFIDAVIT OF LAWFUL PRESENCE BY MAIL**  
**(ENGLISH)**

**CITY OF PHOENIX**

*Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502.*

I, \_\_\_\_\_ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. *(select one category only)*

- ☐ Arizona driver license issued after 1996.  
Print first four numbers/letters from  license:
- ☐ Arizona non-operating identification license.  
Print first four numbers/letters:
- ☐ Birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.  
Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_
- ☐ United States Certificate of Birth Abroad.  
Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_
- ☐ United States Passport.  
Print first four numbers/letters on Passport:
- ☐ Foreign Passport with United States Visa.  
Print first four numbers/letters on Passport:   
Print first four numbers/letters on Visa:
- ☐ I-94 Form with a photograph.  
Print first four numbers on I-94:
- ☐ USCIS Employment Authorization Document  
Print first four numbers/letters on EAD:  (EAD).  
or Perm. Resident Card (acceptable alternative):
- ☐ Refugee Travel Document.  
Date of issuance: \_\_\_\_\_; Refugee country: \_\_\_\_\_
- ☐ U.S. Certificate of Naturalization.  
Print first four digits of CIS Reg. No.:

|  |                       |                  |
|--|-----------------------|------------------|
| <b>Office Use Only</b>   | <b>Employee Name:</b> | <b>Ref. No.:</b> |
| <b>Promptly report all observed violations of federal immigration law to: <a href="mailto:azicereport@dhs.gov">azicereport@dhs.gov</a></b> |                       |                  |
| <input type="checkbox"/> <b>Reported violation (check if applicable and attach copy of email to this form)</b>                             |                       |                  |

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☐ U.S. Certificate of Citizenship.

Date of issuance: \_\_\_\_\_; Place of issuance: \_\_\_\_\_

☐ Tribal Certificate of Indian Blood.

Date of issuance: \_\_\_\_\_; Name of tribe: \_\_\_\_\_

☐ Tribal or Bureau of Indian Affairs Affidavit of Birth.

Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

|  |                       |                  |
|--|-----------------------|------------------|
| <b>Office Use Only</b>   | <b>Employee Name:</b> | <b>Ref. No.:</b> |
| <b>Promptly report all observed violations of federal immigration law to: <a href="mailto:azicereport@dhs.gov">azicereport@dhs.gov</a></b> |                       |                  |
| <input type="checkbox"/> <b>Reported violation (check if applicable and attach copy of email to this form)</b>                             |                       |                  |

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