



City of Phoenix
ATTACHMENT I

AFFIDAVIT OF LAWFUL PRESENCE (Mail-in Version)

Instructions: Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502 if you are a sole proprietor. This law does not apply to fictitious entities such as corporations, partnerships, and limited liability companies.

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 U.S.
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 (EAD).
Print first four numbers/letters on 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.: [][][][]

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: _____

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