



October 24, 2025 11:47 AM

Confirmation Number: 1-249-860-752

Dear GAGAN CHIAGTERI MAHADESWARA,

Thank you for applying for your Class D Passenger Permit. Listed below is a summary of the information you entered. If this information is not correct, please notify us during your visit to RMV Service Center.

If you have not already made an appointment please visit Mass.Gov/RMV to make an appointment for an RMV Service Center.

Name:	GAGAN CHIAGTERI MAHADESWARA
Date of Birth:	8/26/1999
Residential Address:	47 DALRYMPLE ST APT 3 BOSTON MA 02130-5059
Registering to Vote?:	NO
Gender:	MALE
Eye Color:	BROWN
Height:	6 FT 0IN
Military:	N/A
Registering as an Organ and Tissue Donor?:	NO
Applying for a Real Credential?:	YES
Total Due:	\$30.00

To complete your transaction, please present this application, as well as any of the documentation you selected in the application.

Please note that laminated documents will NOT be accepted during your service center visit. All documents must be originals, photocopies will not be accepted.

Documents Required

I-94 Arrival/Departure Record for Lawful Presence Requirement

U.S. Immigrant Visa for Lawful Presence Requirement

Unexpired Foreign Passport for Lawful Presence Requirement

Actions Required at Service Center

The online lawful presence authorization system has encountered an issue while verifying your lawful status.

Vision test is required.

If you cannot present any of the required documents at the time of your transaction, you must present documents from our acceptable documentation list, which can be found at <https://www.mass.gov/guides/massachusetts-identification-id-requirements>. These documents must be submitted no later than 60 days from the date of this letter.

I affirm under the penalties of perjury that the information provided is true and accurate. I further understand that providing false statements or information is punishable and subject to both imprisonment and a civil driver's license suspension pursuant to M.G.L. c.90, §24B.

Applicant Signature _____ Applicant SSN _____ Date _____

Thank you for choosing Mass.Gov/RMV as your Service Center of choice.

Keep up to date with RMV updates by following us at X @MassRMV



Clerk Initials _____ Date _____