

FRAUD CASE # \_\_\_\_\_  
(FOR BDI FRAUD SECTION USE ONLY)



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
DIVISION OF DRIVER LICENSES

## FRAUD INVESTIGATION REQUEST

**THIS FORM IS TO BE COMPLETED ONLY WHEN A VICTIM IS AFFECTED BY  
DRIVER LICENSE OR IDENTIFICATION CARD FRAUD.**

DATE AND TIME OF COMPLAINT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (A.M.) (P.M.)

(OFFICE NUMBER) (OFFICE ADDRESS & TELEPHONE #) (DHSMV REPRESENTATIVE'S NAME & ID#)

Complaint originated from: Victim Law Enforcement Other

- If complaint originated from Law Enforcement or Other, please list contact information to include agency, officer's name, address, telephone number and any possible relationship to the victim or imposter:  
\_\_\_\_\_
- Has any formal complaint been made with any Law Enforcement or other government entity in connection with this complaint? YES NO  
If yes, please list the agency name, officer's name, case number and contact information:  
\_\_\_\_\_
- Has the victim had any identification documents stolen or lost? YES NO  
If yes, list items and approximate date of loss: \_\_\_\_\_

### VICTIM'S INFORMATION:

Best Time To Call: \_\_\_\_\_

Telephone #: Work (\_\_\_\_\_) Home (\_\_\_\_\_) Fax # (\_\_\_\_\_) \_\_\_\_\_

Full Name of Victim: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden or Mother's Maiden Name)

Date-of-Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Florida DL/ID#: \_\_\_\_\_ OOS DL/ID#: \_\_\_\_\_

Current or Last Known Mailing Address: \_\_\_\_\_

### TYPE(S) OF FRAUD COMMITTED:

1. Out of State DL/ID fraud
2. Ticket fraud
3. Bank/credit card fraud
4. Immigration, Passport, Social Security Card fraud
5. Insurance fraud
6. Certificate fraud (marriage, birth, car title, etc.)
7. Other: \_\_\_\_\_

Have tickets been issued? YES NO If yes, in what county/state? \_\_\_\_\_

Does the victim know the imposter? YES NO If yes, complete information on the back of this form.

Has the victim viewed a photograph of the imposter? YES NO

Is the imposter related to the victim? YES NO If yes, what is the relationship? \_\_\_\_\_

City/County/State where imposter may be located: \_\_\_\_\_

**PLEASE TURN OVER TO THE BACK TO COMPLETE THIS FORM.**

**POSSIBLE IMPOSTER'S INFORMATION:**

Name of Possible Imposter: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden or Mother's Maiden Name)

Date-of-Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Florida DL/ID#: \_\_\_\_\_ OOS DL/ID#: \_\_\_\_\_

Current or Last Known Mailing Address: \_\_\_\_\_

List any alias name, date-of-birth and Social Security Number of Possible Imposter. Also list any other name and DL# involved; include other state's DL information:

\_\_\_\_\_

**POSSIBLE IMPOSTER'S INFORMATION:**

Name of Possible Imposter: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden or Mother's Maiden Name)

Date-of-Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Florida DL/ID#: \_\_\_\_\_ OOS DL/ID#: \_\_\_\_\_

Current or Last Known Mailing Address: \_\_\_\_\_

List any alias name, date-of-birth and Social Security Number of Possible Imposter. Also list any other name and DL# involved; include other state's DL information:

\_\_\_\_\_

**COMPLAINT:**

Email Address: dl-fraud@flhsmv.gov

**MAIL COMPLETED FORM TO: DDL/BDI - Fraud Section Room A327, Neil Kirkman Building, Tallahassee, FL 32399-0570**