

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DRIVER LICENSE INFORMATION REQUEST
FOR LAW ENFORCEMENT AGENCY USE ONLY**

REQUESTOR: (This information will be verified, prior to response.)

(Name of Individual)	(Badge/ID #)	(Telephone Number/E-mail Address)
<hr/>		
(Agency Name)	(Supervisor's Name and Telephone Number)	
<hr/>		
(Address)	(City and State)	(Zip Code)

SUBJECT OF INQUIRY:

Name: _____ **Alias:** _____

Driver License Number: _____ **Date of Birth:** _____

Race: _____ **Sex:** _____ **Height:** _____

INFORMATION REQUESTED:

- DRIVER LICENSE STATUS (Valid or Invalid)**
 - If Invalid, detailed information requested.

- DRIVER LICENSE ISSUANCE INFORMATION (License Type, Issue and Expiration Date)**

- COMPLETE DRIVER HISTORY RECORD:**
 - To Be Faxed Fax #: _____ Attention: _____
 - To Be Mailed Address: _____

- DRIVER LICENSE PHOTOGRAPH (latest photo available unless otherwise noted) (photograph can be e-mailed if we have a digital image available)**
 - To Be Faxed Fax #: _____ Attention: _____
 - To Be Mailed Address: _____
 - To Be E-Mailed Address: _____

- OTHER SPECIFIC INFORMATION:** _____

E-MAIL TO: LEADLREQ@hsmv.state.fl.us