

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

DRIVER LICENSE/IDENTIFICATION CARD FRAUD INVESTIGATION REQUEST

This form is to be completed ONLY when a victim is affected by driver license or identification card fraud. If your complaint is in regard to a citation, you must contact the court where the citation was issued to resolve the matter.

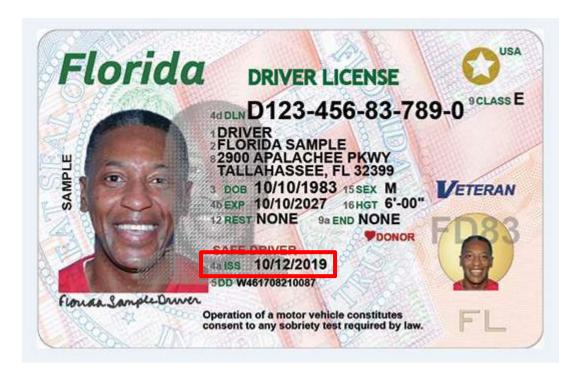
Date of Complaint: Of	ffice Number:			
FLHSMV/TC Representative's Name:				
Complaint originated from:	Enforcement Other			
If the complaint originated from Law Enforcement or agency name, officer's name, and contact information				
Has any formal complaint been made with any Law Er connection with this complaint? Yes No				
If yes, list the agency name, officer's name, case number and contact information.				
Would the victim like to have their record flagged? Yes No				
Victim/Complainant Information				
Name: First Midd	dle Last			
Address:				
Address:Current or Last Known Mailing Address to include County				
Last Four (4) digits of FL DL/ID Number:	_ DL/ID Issue Date:			
Last Four (4) digits of OOS DL/ID Number:				
Contact Number:				
Email Address:				

Types of DL/ID I	Fraud			
Florida DL/ID Fraud Counterfeit Address Fraud Out of State				
Certificate Fraud (marriage, birth, social security, or passport)				
Does the victim know the imposter?				
Is the imposter related to the victim? Yes No				
If yes, what is the	relationship?			
Possible Imposte	r's Information			
Name:				
	First	Middle	Last	
Address:				
Address:	0	t Known Mailing Address to <u>include</u> Cou		
			inty	
Last Four (4) digits	of FL DL/ID Numb	oer:		
Last Four (4) digits	of OOS DL/ID Nu	mber:		
Name:				
Name:	First	Middle	Last	
Address:			_	
Address:				
	Current or Las	t Known Mailing Address to <u>include</u> Cou	inty	
Last Four (4) digits of FL DL/ID Number:				
Last Four (4) digits of OOS DL/ID Number:				
Complaint: (Please give as many details as possible)				
Complaint. (Flease give as many details as possible)				
Victim/Complaina	ant's Signature _			

Mail, Fax, or email the completed form and <u>ALL</u> supporting documents to: Driver License Fraud Unit, 2900 Apalachee Parkway, MS 84, Tallahassee, FL 32399



Division of Motorist Services Bureau of Motorist Services Support Driver License Fraud Unit





ISSUE DATE