

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

BMC Fraud Section Use Only
Fraud Case Number
Date Received

Fraud Investigation Requests

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: AM PM						
Office Number: Address:						
DHSMV Representative's Name and ID Number:						
Complaint originated from: Uictim Law Enforcement Other						
If the complaint originated from Law Enforcement or Other, please list the contact information to include agency, officer's name, address and telephone number.						
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						
List the items and approximate date of loss:						
Would the victim like to have his/her record flagged?						
Victim/Complainant Information						
Name: First Middle Last (Maiden or Mother's Maiden Name)						
Address: Current or Last Known Mailing Address						
Florida DL/ID Number: OOS DL/ID Number:						
Telephone: Work: Home: Cell:						
Email Address: Social Security Number:						
Types of DL/ID Fraud						
Florida DL/ID Fraud Counterfeit						
Address Fraud Out of State **						
Certificate Fraud (marriage, birth, social security or passport) ** Must provide copy of photo ID, birth certificate, social security card and sample signature.						
Does the victim know the imposter?						
Is the imposter related to the victim?						
City/County/State where the imposter may be located:						
PLEASE COMPLETE THE SECOND PAGE OF THIS FORM						

Possible Imposter's Information

Name of Possible Imposter_						
1 -	First	Middle	Last	(Maiden or Mother's Maiden Name)		
Address:Current or						
Current or	r Last Known	Mailing Addres	SS			
Florida DL/ID Number:		00	S DL/ID Nu	mber:		
List any alias name, date of involved; include other state			ber of possib	ele imposter. Also list any other name and DL#		
Name of Possible Imposter_						
Name of Possible Imposter_	First	Middle	Last	(Maiden or Mother's Maiden Name)		
Address: Current or						
Current or	r Last Known	Mailing Addres	SS			
Florida DL/ID Number:	orida DL/ID Number: OOS DL/ID Number:					
List any alias name, date of involved; include other state		•	ber of possib	ole imposter. Also list any other name and DL#		
Name of Possible Imposter_	First	Middle	Last	(Maiden or Mother's Maiden Name)		
Address:						
Current or	r Last Known	Mailing Addres	SS			
Florida DL/ID Number:	lorida DL/ID Number: OOS DL/ID Number:					
List any alias name, date of involved; include other state			ber of possib	ele imposter. Also list any other name and DL#		
Complaint:(Please give as a	many details	as possible)				
				-		
Victim/Complainant's Sign	nature					
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Mail or Email the completed form to Division of Motorist Services / Bureau of Motorist Compliance

Email: <u>Fraud@flhsmv.gov</u>
Mail: Fraud Section Room A327, Neil Kirkman Building, Tallahassee, Florida 32399-0570