



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: Office Number:

FLHSMV/TC Representative's Name:

Complaint originated from: Victim Law Enforcement Other

If the complaint originated from Law Enforcement or Other, list the contact information to include agency name, officer's name, and contact information.

Blank lines for contact information.

Has any formal complaint been made with any Law Enforcement or other government entity in connection with this complaint? Yes No

If yes, list the agency name, officer's name, case number and contact information.

Blank lines for agency information.

Would the victim like to have their record flagged? Yes No

Victim/Complainant Information
Name: First Middle 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 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? Yes No

Is the imposter related to the victim? Yes No

If yes, what is the relationship? _____

Possible Imposter's Information

Name: _____
 First Middle Last

Address: _____

Address: _____
 Current or Last Known Mailing Address to include County

Last Four (4) digits of FL DL/ID Number: _____

Last Four (4) digits of OOS DL/ID Number: _____

Name: _____
 First Middle Last

Address: _____

Address: _____
 Current or Last Known Mailing Address to include County

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)

Victim/Complainant's Signature

Mail, Fax, or email the completed form and **ALL** supporting documents to:
 Driver License Fraud Unit, 2900 Apalachee Parkway, MS 84, Tallahassee, FL 32399
 Phone: 850-617-2405; FAX: 850-617-3945 [Email: fraud@flhsmv.gov](mailto:fraud@flhsmv.gov)

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



ISSUE DATE