

Email this completed form to LERequests@FLHSMV.GOV
 *** Fields in **RED** are **REQUIRED** in order to properly process your request. ***

Date of Request: _____ **Your Agency Case Number:** _____

Requestor Name/Position: _____

Requestor Phone Number: _____ **Email Address:** _____

Supervisor Name/Position: _____

Supervisor Phone Number: _____ **Email Address:** _____

Agency Name: _____

Agency Address/ Phone Number: _____

***** DRIVER OR REGISTERED OWNER INFORMATION *****

Name: _____ **Last 4 Social Security #:** _____

Driver's License/ ID Card Number: _____ **Date of Birth:** _____

Address History Complete Driver Record DL Application
 DL Photo DL Photo Array DL Signature
 DL Supporting Application Documents DL Transaction History

***** VEHICLE/ VESSEL INFORMATION *****

(Full or Partial)
Tag/Registration #: _____ **Title #:** _____

(Full or Partial)
VIN/Hull#: _____ Lienholder Information Title History

All Current Vehicles Current Tag/Registration
 Tag/ Registration History Current Title

***** ADDITIONAL INFORMATION & NOTES REGARDING REQUEST *****

Records will be sent via U.S. mail, to the address you list on the top portion of the form. Please check this box if the records need to be certified:

Attestation Statement:

“By signing below, I affirm that all the information I have provided is truthful and **the information I am requesting is to be used for official law enforcement purposes only**. I understand that this request and the resulting information are subject to the provisions of Chapter 119, Florida Statutes, and may be disclosed upon request unless prohibited by law.”

X _____
Requestor's Signature

X _____
Requestor's Supervisor's Signature