



**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES**

SUSPECTED or REPORTED TITLE and/or REGISTRATION FRAUD

1.	Complainant/ Victim's Information		
Name:		Last Four (4) digits of Driver License Number and Issuing State:	
Address:			
City:		State:	Zip:
E-mail Address:			Telephone Number:
2.	Vehicle Information		
Year:	Make:	Model:	
Vehicle Identification Number (VIN):			
State Vehicle Titled In:		Title Number:	
3.	Suspect(s) Information, if known		
Suspect's Name:		Telephone Number:	
Known Address:			
City:		State:	Zip:
Tag Number(s):		Vehicle Description:	
Suspect Description:			

If this is an Odometer complaint, please include a picture of the odometer.

Has any formal complaint been made with any Law Enforcement Agency in connection with this complaint?

YES NO

Is the Law Enforcement Agency conducting a Motor Vehicle Fraud Investigation?

YES NO

If yes, please attach a copy of the investigative report from the Law Enforcement Agency to this form prior to sending the complaint to FLHSMV.

List the Law Enforcement Agency's name, officer's name, case number, and contact information below:

Are you in possession of the vehicle listed above?

YES NO

If yes, please have the VIN and odometer verified by Law Enforcement or an FLHSMV Compliance Officer in the space listed below.

4.	Certification by Law Enforcement Officer or FLHSMV Compliance Officer												
Name of Law Enforcement Agency fraud was reported to:													
Officer's Name:							Telephone Number:						
Case Number:				<input type="checkbox"/> Criminal Case			<input type="checkbox"/> Incident Report			<input type="checkbox"/> Informational Only			
I, the undersigned, certify that I have physically inspected the above described vehicle and find the VIN on the vehicle to be identical to the VIN recorded on this form.													
Dashboard VIN Verification													
Door Jamb Sticker VIN Verification													
Confidential VIN Verification (if possible)													
Current Odometer Reading						/							● xx no tenths
Printed Name of FLHSMV Compliance Officer or Law Enforcement Officer													
Signature of FLHSMV Compliance Officer or Law Enforcement Officer											Date		
5.	Complaint/ Fraud Facts												
If needed, use additional sheets. Number of additional pages attached:													

Under penalties of perjury, I declare I have read the foregoing document and the facts stated in it are true.

Printed Name and Signature:	Date:
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Mail, Fax, or email the completed form and **ALL** supporting documents to: Bureau of Motorist Services Support, Motor Vehicle Fraud Unit, 2900 Apalachee Parkway, Room B361, MS 69, Tallahassee, FL 32399; Phone: 850-617-2907; FAX: 850-617-3952 [Email: dmv-enforcement@flhsmv.gov](mailto:dmv-enforcement@flhsmv.gov)

[Section 92.525, Florida Statutes](#)
[Section 319.33\(1\)\(e\), Florida Statutes](#)
[Section 320.02\(6\), Florida Statutes](#)

[Section 319.25, Florida Statutes](#)
[Section 319.35, Florida Statutes](#)