

**Congressional Members and Public Officers Request to Withhold Personal Information**

**Please submit this form to:** Florida Highway Safety and Motor Vehicles  
2900 Apalachee Pkwy, Mail Stop 28  
Tallahassee, FL 32399  
or email to: [PublicOfficialBlock@flhsmv.gov](mailto:PublicOfficialBlock@flhsmv.gov)

Please return your request with documentation indicating your eligibility and statutory basis for exemption.

This request form and corresponding privacy protection applies to current Congressional members and public officers, their spouses, and children, who are eligible as outlined in Section §119.071 (4)(d) z., Florida Statutes.

“Congressional member” means a person who is elected to serve as a member of the United States House of Representatives or is elected or appointed to serve as a member of the United States Senate.

“Public officer” means a person who holds one of the following offices: Governor, Lieutenant Governor, Chief Financial Officer, Attorney General, Agriculture Commissioner, state representative, state senator, property appraiser, supervisor of elections, school superintendent, school board member, mayor, city commissioner, or county commissioner.

Those who are eligible can request that the Florida Highway Safety and Motor Vehicles (FLHSMV) withhold:

- The partial home addresses and telephone number of a current congressional member or public officer and his or her spouse or adult child.
- The name, home addresses, telephone numbers, and date of birth of a minor child of a current congressional member or public officer.

Partial home address” means the dwelling location at which an individual resides and includes the physical address, mailing address, and street address except for the city and zip code.

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This privacy protection applies only to the residential address and not the mailing address. Mailing addresses are routinely for official business regarding motor vehicle or driver license information. Therefore, if you wish to ensure your residential address is blocked and not displayed on your driver license/identification card, you may make an appointment with your local driver license issuance office to provide a separate mailing address and obtain a replacement driver license/identification card. Please note that the exempt status ends once the qualifying condition no longer applies to the person subject to the exemption.

Please **PRINT** the personal information requested below. The information required to complete this form is located on the Florida driver license or identification card of the requester. In all cases, the date of birth must match the date of birth on the Florida driver license or identification card record. Complete additional forms or attach additional sheet(s) as needed to include eligible family members.

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**Section 1: Personal Information for Individual Submitting Request**

Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)				Date of Birth
FL DL/ID Number	Street Address	City	State	Zip Code
Statutory Basis for Exemption		Beginning of Service Period	End of Service Period	

**Section 2: Family Member/Members (Spouse/Child) Information**

FL DL/ID Number	Date of Birth
FL DL/ID Number	Date of Birth
FL DL/ID Number	Date of Birth

**Section 3: Affirmation**

Under penalty of perjury, I affirm that I qualify for the exemption claimed above pursuant to section 119.071, Florida Statutes.

Print/Type/Stamp Requestor's Name	Signature of Requestor		
<p>STATE OF _____, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by _____.</p> <p><input type="checkbox"/> Personally Known   OR   <input type="checkbox"/> Produced Identification Type of Identification</p> <p>Produced: _____</p>			
Notary Public (Print Name)	Notary Public Signature	My Commission Expires:	Stamp or Seal