

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: Uictim 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.				
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.				
Tryes, list the agency hame, officer shame, case hamber and contact 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?				
Is the imposter related to the victim? Yes No				
If yes, what is the relationship?				
Possible Imposte	er's Information			
Name:				
	First	Middle	Last	
Address:				
Address:	O	st Known Mailing Address to <u>include</u> Cou		
			nty	
Last Four (4) digits of FL DL/ID Number:				
Last Four (4) digits	s of OOS DL/ID No	umber:		
Name:				
Name:	First	Middle	Last	
Address:				
Address:				
Current or Last Known Mailing Address to <u>include</u> 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)				
Complaint. (Flease give as many details as possible)				
Victim/Complain	ant's Signature -			

Mail, Fax, or email the completed form and <u>ALL</u> supporting documents to:

Driver License Fraud Unit, 2900 Apalachee Parkway, Room A327, MS 84, Tallahassee, FL 32399

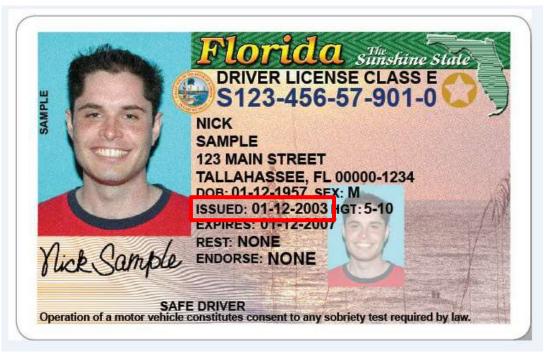
Phone: 850-617-2405; FAX: 850-617-3945

Email: fraud@flhsmv.gov



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





ISSUE DATE