



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

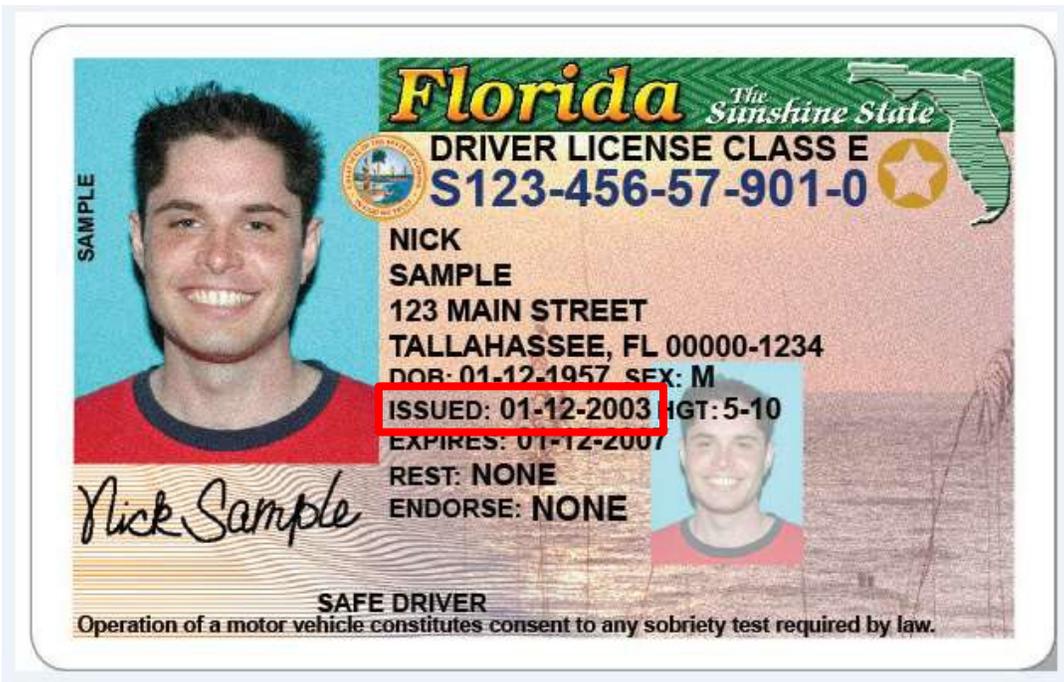
If yes, list the agency name, officer's name, case number and contact information.

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:

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



ISSUE DATE