A SAFER FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

Florida Department of Highway Safety & Motor Vehicles

Criminal Justice Agency Information Request Form

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

*** VEHICLE/ VESSEL INFORMATION ***

(Full or Partial)
Tag/Registration #:

Title #:

(Full or Partial)
VIN/Hull#:

- ☐ All Current Vehicles
- ☐ Tag/ Registration History
- ☐ Lienholder Information
- ☐ Current Tag/Registration
- ☐ Current Title
- ☐ Title History

*** 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