



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 [] Complete Driver Record [] DL Application
[] DL Photo [] DL Photo Array [] DL Signature
[] DL Supporting Application Documents [] DL Transaction History

*** VEHICLE/ VESSEL INFORMATION ***

(Full or Partial) Tag/Registration #: Title #:
(Full or Partial) VIN/Hull#: [] Lienholder Information [] Title History
[] All Current Vehicles [] Current Tag/Registration
[] Tag/ Registration History [] Current Title

*** 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