

FRAUDULENT MISUSE OF ID / DRIVER LICENSE CREDENTIALS

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK



pennsylvania
DEPARTMENT OF TRANSPORTATION

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Office of Risk Management • P.O. Box 69005 • Harrisburg, PA 17106-9005

If your complaint is in regard to a citation, you must contact the court where the citation was filed to resolve the matter.

CURRENT INFORMATION				
LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS				
CITY		STATE		ZIP
DAY TIME PHONE NUMBER			EVENING PHONE NUMBER	
PENNSYLVANIA DRIVER'S LICENSE / ID NUMBER				
DATE OF BIRTH		PLACE OF BIRTH		SOCIAL SECURITY NUMBER
EYE COLOR		HAIR COLOR		HEIGHT
OTHER DESCRIPTIVE INFORMATION				
LIST ALL PREVIOUSLY USED NAMES				
LAST NAME		FIRST NAME		MIDDLE NAME
LAST NAME		FIRST NAME		MIDDLE NAME
LIST ALL PREVIOUS ADDRESSES OVER LAST 5 YEARS				
STREET ADDRESS				
CITY		STATE		ZIP
STREET ADDRESS				
CITY		STATE		ZIP
STREET ADDRESS				
CITY		STATE		ZIP

Please complete the section below if you know who may have caused this misuse.

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS					
CITY		STATE		ZIP	
RELATIONSHIP, IF ANY		PHONE NUMBER			
PLACE OF EMPLOYMENT					
DATE OF BIRTH		EYE COLOR		HAIR COLOR	HEIGHT

List details of your complaint on page 2 or a separate sheet of paper. Please be as specific as possible. Include how and when you became aware of the misuse.

Attach a copy of the following three (3) required documents: • Driver's License / ID or current photograph • Social Security Card • Birth Certificate

Attach copies of any other documentation you feel will help us investigate your case, for example, a police report.

I hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2500.00 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

Signature: _____ Date: _____

Please return this form and any supporting documents to the following address above.

