

Facial Recognition Request Form

Directions: 1) Fill out all information as completely as possible. 2) Fax completed form to the MVRS-Facial Recognition Team at 857-368-0645.
Date: 6/5/17 Case #:_
Requesting Agency. Msf. State ID Section
Requestors Name: CAPT Doborah Rebemo
ID #: 1776 Phone #:
Official E-mail Address: deboroly reberro@massmal, state.ma, v
Probe Information: License #: SS #
Last Name: First Name:
Note: possible, Timposten
Contact the Facial Recognition Team at 857-368-8605 upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s).
For MVRS-Facial Recognition Team Use Only: Date of search: Performed by:
□ Record Flagged □ Record Released □ FR Notes added
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