

Facial Recognition Request Form

Directions:

- 1.) Fill out all information as completely as possible.
- 2.) Fax completed form to the MVRS-Facial Recognition Team @ 857-368-0645.

Date: 06/06/2016 Case#:

Requesting Agency: New Hampshire State Police – Troop G Investigations Unit

Requestors Name: Trooper James O’Leary

ID#: 1091 Phone#: Fax#:

Official E-Mail Address: james.oleary@dos.nh.gov

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Probe Information:

License#: SS#:

Last Name: First Name:

Notes: Please run facial recognition on the attached photograph.

May be using the identity in Massachusetts.

Contact the Facial Recognition Team @ **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