



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**DIVISION OF MOTOR VEHICLES  
ENFORCEMENT OFFICE**

600 New London Avenue  
Cranston, RI 02920-3024

Phone: 401-462-5736 Fax: 401-462-5789

www.dmv.ri.gov

January 11, 2016

To: The Commonwealth of Massachusetts  
Department of State Police  
Compliance Unit

I am currently conducting an investigation in to one;

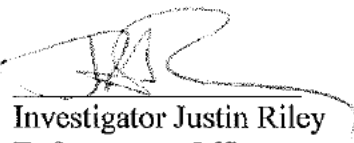
Name: [REDACTED]

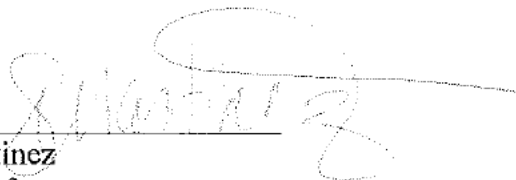
Date of birth: [REDACTED]

OLN: [REDACTED]

I am requesting any driver license photographs available for this individual. The investigation I am conducting is regarding this individual having active driver licenses in multiple states.

Thank you for your cooperation.

  
Investigator Justin Riley  
Enforcement Office  
Rhode Island Division of Motor Vehicles

Authorized:   
Regina Martinez  
Deputy Chief  
Enforcement Office

# 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: 1-11-16 Case# [REDACTED]

Requesting Agency: Rhode Island DMV

Requestors Name: Justin Riley

ID# \_\_\_\_\_ Phone#: [REDACTED] Fax#: [REDACTED]

Official E-Mail Address: Justin.Riley@DMV.RE.GOV



**Probe Information:**

License# [REDACTED] SS# [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED]

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact the Facial Recognition Team @ **857-368-8605** upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s).

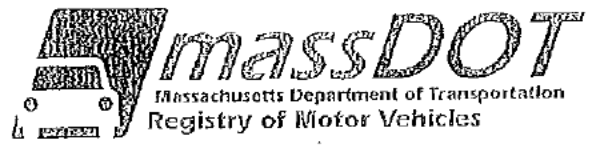
**For MVRS-Facial Recognition Team Use Only:**

Date of search: \_\_\_\_\_ Performed by: \_\_\_\_\_

Record Flagged       Record Released       FR Notes added



Deval L. Patrick, Governor  
 Richard A. Davey, Secretary & CEO  
 Celia J. Blue, Registrar



### REQUEST FOR DIGITIZED IMAGE PRINTOUT

#### DRIVER LICENSE / ID INFORMATION (OF THE PERSON WHOSE IMAGE IS BEING REQUESTED)

NAME: [REDACTED] LICENSE/ID # [REDACTED]  
 ADDRESS: [REDACTED]

#### REQUESTOR INFORMATION

REQUESTOR'S NAME: Justin Riley  
 SIGNATURE: [Signature] DATE: 1-14-16  
 CORI APPROVED AGENCY: Rhode Island DMV  
 ADDRESS: 600 New London Ave Cranston RI 02920  
 TELEPHONE NUMBER: [REDACTED] FAX #: [REDACTED]

#### REASON FOR REQUEST

(THIS SECTION MUST BE COMPLETED WITH AN OFFICIAL BUSINESS REQUEST)

Possible multiple active driver license

**UPON COMPLETION OF INVESTIGATION, PLEASE RETURN LICENSE / ID TO THE RMV**

#### REQUEST DETAILS

What type of image do you need?

- Color
- Black and White
- Both

What date do you need the image by? 1-30-16

Attention: Cori requests may be sent anytime, however RMV personnel are available to process requests from 8:45 AM to 4:30 PM Monday thru Friday. If there is an emergency reason for more expeditious handling, please indicate the reason below.

#### RMV Contact Information (for office use only)

CORI FAX: (857)-368-0649  
 CORI Information: (857)-368-9500

#### Delivery Method

- Picked Up
- Mailed
- Faxed
- Image not on file

Date Completed: \_\_\_\_\_ Processed by: \_\_\_\_\_