# 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: 5/3/16 Case#_____

Requesting Agency: Attorney General's Office

Requestors Name: Gene Griffin

ID# 453608 Phone#: [redacted] Fax#: [redacted]

Official E-Mail Address: eugene.griffin@state.ma.us

---

Probe Information:

License# [redacted] SS# [redacted]
and
Last Name: [redacted] First Name: [redacted]

→ no SSN provided

Notes: Please compare photos of Mass DL #'s [redacted] and [redacted] to determine if they are same people or if system identifier as same picture

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

**********

**Facial Recognition Team Use Only:**

Date of search: _____ Preformed by: _____

FR # Requests: _____ Matches: _____

# 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: 5/3/16 Case#_____

Requesting Agency: Attorney General's Office

Requestors Name: Gene Griffin

ID# 453608 Phone#: [redacted] Fax#: [redacted]

Official E-Mail Address: eugene.griffin@state.ma.us

---

Probe Information: → no SSN provided

License# [redacted] SS# [redacted]

and

Last Name: [redacted] First Name: [redacted]

Notes: Please compare photos of Mass DL #'s [redacted] and [redacted] to determine if they are same people or if system identifies as same picture

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

**********

**Facial Recognition Team Use Only:**

Date of search: _____ Preformed by: _____

FR # Requests: _____ Matches: _____