

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] → no SSN provided

and [REDACTED] 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: _____ Performed by: _____

FR # Requests: _____ Matches: _____

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