



# 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 617-973-8982.

Date: 12/11/17 Case #: [REDACTED]

Requesting Agency: New York City Police Department

Requestors Name: Sgt. William Planeta

ID #: 2571 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: William.planeta@nypd.org

**Probe Information:**

License #: \_\_\_\_\_ SS #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Notes: Subject depicted in attached images has been issued driver's

licenses in stolen identities in multiple states. He has strong ties to people in

Massachusetts and his true identity is not known. His criminal history has

multiple aliases and spans (4) states.

Contact the Facial Recognition Team at 617-973-8952 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: _____
<input type="checkbox"/> Record Flagged	<input type="checkbox"/> Record Released
	<input type="checkbox"/> FR Notes added