



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: 01/22/2018 Case #: [REDACTED]

Requesting Agency: New York City Police Department

Requestors Name: Det. Erik Sherar

ID #: 3308 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: Erik.sherar@nypd.org

Probe Information:

License #: _____ SS #: _____

Last Name: _____ First Name: _____

Notes: Subject depicted in attached image fraudulently acquired a

driver's license using a stolen identity.

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