



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: 5/2/2019 Case #: [REDACTED]

Requesting Agency: New York City Police Department

Requestors Name: Det. Eric Bolger

ID #: 680 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: eric.bolger@nypd.org

Probe Information:

License #: _____ SS #: _____

Last Name: _____ First Name: _____

Notes: **Information that subject possibly acquired at MA DL in the identity of [REDACTED] DOB: [REDACTED], SS # [REDACTED]. Could you check if there is any record for this identity?**

Also conduct facial recognition on the submitted images.

Thank you

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:

Record Flagged

Record Released

FR Notes added

SP 627 (Revised February 2008)