



# 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 857-368-0645.

Date: 8/21/19 Case #: [REDACTED]

Requesting Agency: IFB of MA

Requestors Name: Matt Winn

ID #: \_\_\_\_\_ Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: MWinn@IFB.org

**Probe Information:**

License #: [REDACTED] SS #: [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED]

Notes: Possibly going by different name and identity. Witness statements allege he has alternate MA ID

Contact the Facial Recognition Team at 857-368-8605 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	