



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Confirmation of Identity (Driving Record Flag)
(for victims of identity theft)

Print this completed form. This form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street - Ste. 170, St. Paul, Minnesota 55101-5170. It may also be faxed to (651) 282-2463.

- If you have questions or need additional information, please contact DVS at (651) 296-2025 or (651) 282-6555 (TTY).
The Minnesota Department of Public Safety recognizes that the misuse of your identity by someone else is a serious problem. We would like to help you as much as possible. Upon receipt of this completed form, we will make an entry on your driving record. This "flag" will alert law enforcement officers that someone else may be using your identity.
This flag should prevent someone from successfully using your name when involved with law enforcement. Keep in mind, however, that these efforts will not prevent the use of your name in financial matters, such as establishing credit or other accounts.
It is important for you to know that this flag may cause you inconvenience if you have contact with law enforcement personnel. For your own protection, we recommend that you have your Minnesota driver's license or identification card with you at all times.
If you choose to have your record flagged, please complete the information below and return this form to Driver and Vehicle Services, Driving Record Flag Request, 445 Minnesota Street, St. Paul, MN 55101-5170.

Name (LAST, FIRST, MIDDLE INITIAL)

Date of Birth (mm/dd/yy)

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Driver's License Number

I request that my driving record be flagged to alert law enforcement personnel that someone else may be using my identity. I understand that this flag will remain on my record until I send a written request to Driver and Vehicle Services to remove it.

Signature

Date (mm/dd/yy)

Witness (NOTARY PUBLIC OR DRIVER AND VEHICLE SERVICES REPRESENTATIVE)

Date (mm/dd/yy)

Subscribed and sworn to before me this \_\_\_ day of \_\_\_ 20 \_\_\_

NOTARY PUBLIC \_\_\_\_\_

COUNTY: \_\_\_\_\_

MY COMISSION EXPIRES: \_\_\_\_\_