

Please return to:
Office of the Attorney General
323 Center Street, Suite 900
Little Rock, AR 72201

OFFICE OF THE ARKANSAS ATTORNEY GENERAL
Identity Theft Passport Application
VICTIM IDENTIFICATION CARD

Questions? 800-448-3014
501-682-3646

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ **PHONE: H: (____) _____ W: (____) _____**

DATE OF BIRTH: _____

SEX: _____ **RACE:** _____

_____ **zip** _____ **RESIDENT OF AR: YES _____ NO _____**

E-MAIL _____ **SOCIAL SECURITY #:** _____

AR DRIVER'S LICENSE #: _____

(MUST ATTACH PHOTO COPY OF AR DRIVER'S LICENSE)

DATE YOU BECAME AWARE OF THEFT: _____

COUNTY/CITY & STATE WHERE THEFT OCCURRED (if known): _____

RESIDENT OF ARKANSAS AT TIME OF INCIDENT? YES _____ NO _____

LOCALITY WITH WHICH YOU FILED POLICE REPORT _____

NAME & PHONE NUMBER OF OFFICER WHO TOOK YOUR REPORT _____

HAS THE PERSON WHO STOLE YOUR INFORMATION BEEN IDENTIFIED? YES _____ NO _____

IF SO, HAS THE SUSPECT BEEN ARRESTED? YES _____ NO _____ UNKNOWN _____

IF YES, GIVE THE NAME OF THE SUSPECT _____

TYPE OF THEFT/INVOLVEMENT: (Circle all that apply)

<i>Credit Card(s)</i>	<i>SSN Misuse</i>	<i>Driver's Lic</i>	<i>Passport Stolen</i>	<i>Checks</i>	<i>Mail</i>
<i>ATM</i>	<i>Income Tax Fraud</i>	<i>Civil/Crim Judgment</i>	<i>Ins. Coverage</i>	<i>Ind. Dept. Store Accts.</i>	<i>Other</i>

PLEASE READ BEFORE SIGNING:

PLEASE KNOW THAT, IN ACCORDANCE WITH A.C.A. §5-54-122 FILING A FALSE REPORT TO A LAW ENFORCEMENT AGENCY IS A CLASS A MISDEMEANOR OR A CLASS D FELONY, DEPENDING ON SPECIFICS. VIOLATORS OF THIS PROVISION WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

FOR THIS APPLICATION TO BE CONSIDERED, THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION.

- The law enforcement report of the incident.
- A current "passport" type photograph of yourself.
- A copy of your current AR Driver's License
- A brief description of the incident of your ID Theft attached
- Other additional documentation you submit or which may be requested by the Office of the Attorney General.

BY SIGNING THIS REPORT, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE. I ACKNOWLEDGE THAT I DID FILE AN ACCURATE AND TRUE LAW ENFORCEMENT REPORT OF THIS INCIDENT, A COPY OF WHICH IS ATTACHED.

SIGNATURE _____ **DATE:** _____

Notary Public: _____

Witness my hand and sealed, this ___ day of _____, _____.

My Commission Expires: _____