



Florida Department of Law Enforcement
Criminal Justice Information Services
Post Office Box 1489, Tallahassee, FL 32302-1489
(850) 410-8109



Florida Criminal History Information Request

Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes

I am requesting Florida criminal history information on the following individual:

Last Name*:	*REQUIRED FIELDS <i>NOTE: INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR</i> OPTIONAL INFORMATION Social Security Number Middle Name Other Names Used
First Name*:	
Middle Name:	
Other Names Used:	
Race*: Sex*: Date of Birth*:	
Social Security Number:	

Please provide as much information as possible. The accuracy of the information provided is critical as all searches are based on this information.

Payment Methods

Personal or Business Check – Must include pre-printed name of account holder and mailing address

Money Order – Must be made payable in U.S. Funds

All payments must be made payable to FDLE

Submit completed form along with the required \$24 fee (per inquiry) to:

Florida Department of Law Enforcement
User Services Bureau
Criminal History Services
Post Office Box 1489
Tallahassee, FL 32302-1489

Certified Results

Notary letters certifying the results are available at no additional charge

- ☒ I am requesting certification of criminal history information request results
☐ I am requesting certification of criminal history information request results in Spanish

Mail Criminal History Information Request Results To:

Contact Person: Alan LeBlanc	Street: 2480 Thompson Street
Contact Telephone: 239-533-6000	City: Fort Myers
ORI Number: (if applicable)	State: FL
Date Submitted:	ZIP: 33901

USB-007 (Rev 05-2014)

Complete the following:

- Business Name: _____
- Business Phone #: _____
- Driver Phone #: _____
- Driver Email: _____