



THE ATTORNEY GENERAL
STATE OF ARKANSAS
DUSTIN McDANIEL

Identity Theft Passport Application Instructions

The Identity Theft Passport Identification card can be a valuable tool to help you restore your good name if your identity has been stolen. The passport serves as an extra form of identification, and it may be presented to a law enforcement agency to help prevent arrest or detention for offenses committed by someone else. Additionally, it may be presented to any of your creditors or other financially related businesses to aid in the investigation pertaining to alleged debts. The application instructions below will allow you to receive your passport as quickly as possible.

Application Instructions

1. To avoid mistakes, read the entire application before completing it.
2. Please print legibly using blue or black ink **ONLY**.
3. Fill in all the blanks, as this information is necessary to process the application.
4. Please include a **COPY** of your actual police report. A piece of paper with a police report number will not suffice.
5. A current photograph must be included. This photograph can not be one from a driver's license or any other type of identification card. We recommend a professional photo such as one required for a United States Passport. These can be obtained at various businesses and at some post office locations. A digital photo will suffice **ONLY** if it is of good quality and taken from the waist up.
6. A copy of your current driver's license is required. If the name on your license does not match the application, it will not be processed.
7. Please include a neatly written or typed letter explaining what happened.
8. Please include **COPIES** of additional documents that may help explain your situation, i.e. bank statements, bills, etc.
9. The application must be **SIGNED** and **NOTARIZED**.
10. All applications and documents must be mailed to the Attorney General's Office. Faxes will not be accepted.
11. Mail all applications to:
Stephen Svetz III
Identity Theft Passport Application
Arkansas Attorney General's Office
323 Center Street
Little Rock, Arkansas 72201

323 Center Street, Suite 200 • Little Rock, Arkansas 72201
Telephone (501) 682-2007 • Fax (501) 682-8084
INTERNET WEBSITE • <http://www.arkansasag.gov>

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: _____

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)

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

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: _____