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
OFFICE OF THE ARKANSAS ATTORNEY GENERAL

Identity Theft Passport Application

VICTIM IDENTIFICATION CARD

NAME: ____________________________

LAST FIRST MIDDLE

ADDRESS: ____________________________

PHONE: H: (___)________ W: (___)________

DATE OF BIRTH: ______________________

SEX: ___________ RACE: ___________

___________________________________
zip ___________

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 PassportStolen 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: ______________________