

FL Driver License/Identification Card Courier Form

Name: _____ SS#: _____ -- --

DOB: ____/____/____ FL DL#: _____

Contact Phone#: _____ Contact Name: _____

____ Driver License \$60 or ____ Identification Card \$60

I _____ give BackTrack Research permission to obtain a duplicate copy of my Driver's License/ID on my behalf from the Florida Department of Motor Vehicles.



Signature

Please Read & Select the Desired Shipping Option Below

If shipping to an apartment, we must add signature required to FedEx shipments. If you do not want signature required on your shipment then we suggest USPS Express Mail so your package can be placed inside your mailbox. Backtrack cannot be responsible for regularly mailed shipments as they do not include tracking numbers or insurance.

- ____ FedEx Overnight (SAT. \$45-\$60)
- ____ FedEx Overnight (AM \$30-\$45)
- ____ FedEx Overnight (PM \$25-\$45)
- ____ FedEx 2-Day (STARTS @ \$20)
- ____ FEDEX International

- ____ EXPRESS Mail (1-2 days) \$25
- ____ PRIORITY Mail (2-3 days) \$9
- ____ REGULAR-FREE

Note: Virgin Islands, Puerto Rico, Hawaii & Alaska may use EXPRESS / PRIORITY

Shipping Address

Name: _____

Company or C/O: _____

Street Address: _____

City: _____ State: _____ Zip: _____

****CDL LICENSES ONLY – If you hold a CDL License, we will also need a copy of your medical certification****



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DRIVER LICENSE/IDENTIFICATION CARD APPLICATION

PLEASE FILL OUT COMPLETELY

DL/ID # _____ LICENSE/ID CLASS _____
 NAME _____
 DOB _____ SEX _____ HEIGHT _____ SS# _____

MY LICENSE HAS BEEN: LOST ___ STOLEN ___ DESTROYED ___ OTHER ___
 IF STOLEN AND **REPORTED** TO A LAW ENFORCEMENT AGENCY, PLEASE
 SPECIFY WHICH AGENCY AND CASE # _____
 IF OTHER, PLEASE EXPLAIN _____

STATE AND COUNTRY OF BIRTH _____

IF YOU HAVE A **CDL**, ARE YOU REQUIRED TO CARRY A DOT MEDICAL
 CARD? YES ___ NO ___ IF YES, PLEASE FAX A COPY OF THE CARD WITH
 THIS APPLICATION. **IF THE DOT MEDICAL CARD WAS LOST OR STOLEN
 WITH THE DL, PLEASE CHECK WITH YOUR COMPANY TO POSSIBLY GET A
 COPY FROM THEM WE CANNOT ISSUE ANOTHER DL WITHOUT IT.**

STATEMENT OF CUSTOMER

PLEASE COMPLETE THE QUESTIONS BELOW AND **SIGN** THIS APPLICATION

Ever adjudged by a court to be afflicted with or suffering from any mental disorder or disease?									
YES	NO	STATE	(MO)	(DAY)	(YR)		(MO)	(DAY)	(YR)
						If yes, have you been restored to competency as provided by law?			
Driving privilege ever revoked, suspended or denied in any state? If yes, when last? Reinstated									
YES	NO	STATE	(MO)	(DAY)	(YR)		(MO)	(DAY)	(YR)

- I have not been convicted of DWI/DUI 2 or more times within the past 5 years or 3 or more times within the past 10 years in any state or country.
- I do swear or affirm that I do not have in my possession nor under my control a valid driver license issued in any state other than Florida.

SIGNATURE OF CUSTOMER

Credit Card Authorization Form

I _____ (Print Name), hereby authorize Backtrack Research, LLC, to charge my credit card for the amount(s) owed or discussed with Backtrack Research representatives. I certify that my credit card may be used to cover any and all amounts owed to Backtrack Research. I further certify that by my signature below, I accept personal liability for any amounts owed to Backtrack Research. I understand that it is my responsibility to review my monthly charges upon receipt and promptly notify Backtrack Research, in writing, of any erroneous or unauthorized payments. As the credit card holder, I authorize Backtrack Research to charge my credit card for all amounts owed.

If customer is not the credit card holder, please enter customer name: _____
Customer Name

X _____
Credit Card Holder Signature

Date

Fla. DHSMV Fee **\$60.00 + Delivery**

Delivery Fee Delivery/Mailing charges vary based on option
(if applicable) chosen & will be added on to your total
 accordingly.

Credit Card & Billing Information

Credit Card Holders Name

Contact Phone Number

Billing Street Address

City

State

Zip Code

Credit Card # (Main #'s on front of card)

Expiration Date

CVC Code:
3 digit- Visa, MC, Disc (Back)
4 digit- Ameri Exp (Front)

___ **Visa** ___ **MasterCard** ___ **American Express** ___ **Discover**