

DEALER NOTICE OF **VEHICLE PURCHASE**

Save time and submit online! Call (503) 945-5052 to set up your dealer account on oregondmv.com.

INSTRUCTIONS:

- Submit this form **ONLY** for Oregon titled vehicles. **DO NOT** submit this form if the vehicle is titled in another jurisdiction.
- Complete this form immediately after the purchase or transfer of interest of an Oregon titled vehicle.

 The Vehicle Identificati correct. 	ion Number (V	IN) MUST be cor	nplete and
 If you fail to provide ac DMV will not be able to in compliance with OR 	update the ve	ehicle record and	you will not be
 Mail the white copy to Salem OR 97314-2250 		Services, 1905 La	na Ave NE,
OREGON PLATE NUMBER	:		
VEHICLE IDENTIFICATION NUMBER (VIN) (N	NUST BE COMPLETE)		
OREGON TITLE NUMBER	YEAR	MAKE	BODY STYLE
DATE OF PURCHASE			<u> </u>
NAME or ODL/CUSTOMER NUMBER OF PER	SON or BUSINESS VE	HICLE PURCHASED FROM	
▼ DEALER INFOR	RMATION	MUST BE C	OMPLETE ▼
DEALER NUMBER F	EDERAL EMPLOYER IDEN	TIFICATION NUMBER DATE S	SUBMITTED TO DMV
DEALER NAME			
DEALER ADDRESS			
CITY			ZIP CODE