

## 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.

<ul> <li>The Vehicle Identification</li> <li>correct.</li> </ul>	ition Number (V	(IN) <b>MUST</b> be o	complete and
<ul> <li>If you fail to provide accurate, legible and complete information, DMV will not be able to update the vehicle record and you will not be in compliance with ORS 803.092(2)(b) and 803.105(1)(b).</li> </ul>			
<ul> <li>Mail the white copy to DMV Record Services, 1905 Lana Ave NE, Salem OR 97314-2250.</li> </ul>			
OREGON PLATE NUMBE	R:		
VEHICLE IDENTIFICATION NUMBER (VIN)	(MUST BE COMPLETE)		
OREGON TITLE NUMBER	YEAR	MAKE	BODY STYLE
DATE OF PURCHASE		<u> </u>	<u> </u>
NAME or ODL/CUSTOMER NUMBER OF PE	RSON or BUSINESS VE	HICLE PURCHASED FR	OM
▼ DEALER INFO	RMATION	MUST BE	COMPLETE ▼
DEALER NUMBER	FEDERAL EMPLOYER IDEN	TIFICATION NUMBER DA	TE SUBMITTED TO DMV
DEALER NAME			
DEALER ADDRESS			
CITY			ZIP CODE