



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

SALEM OR 97314
1905 LANA AVE NE
DMV SERVICES

★ PRE-ADDRESSED -- FOLD AND MAIL IN STANDARD #10 WINDOW ENVELOPE

REQUEST FOR VEHICLE RECORD*

* This form can ONLY be used by DMV account holders. Records can also be ordered through DMV's web portal located at: DMV2U.Oregon.gov. If you do not have a Record Inquiry Account with DMV, please use the DMV form titled *Request For Information* (form # 735-7122). If you need to request your own record, please use DMV form titled *Order Your Own Record* (form # 735-7266).

REQUESTOR'S DMV ACCOUNT NUMBER

DATE OF REQUEST

Check only one type of record request. Please do not combine different types of requests on this form.

☐ VR SEE BELOW **\$4.00 per vehicle**

DMV WILL FURNISH a certified vehicle record print which includes registered and legal owner name and address, plate and identification number.

☐ All vehicles.

☐ Only vehicles currently registered.

☐ VO PREVIOUS OWNER **\$14.00**

DMV WILL FURNISH a certified letter containing previous owner information from the last title transaction.

REQUESTOR must provide specific information such as a vehicle plate number or identification number.

☐ VH HISTORY **\$22.50**

DMV WILL FURNISH a certified letter containing details of all title transactions dating back to when the vehicle was first titled in Oregon or to the extent DMV has kept such records.

REQUESTOR must provide specific information such as a vehicle plate number or identification number.

☐ II INSURANCE INFO. **\$10.00**

DMV WILL FURNISH a certified letter including insurance company and policy information reported to DMV.

REQUESTOR must provide specific information such as a vehicle plate number or identification number.

OTHER SPECIFY:

VEHICLE PLATE NUMBER / VIN	REGISTERED OWNER NAME(S) (LAST, FIRST, MIDDLE)	DATE OF BIRTH (MO - DAY - YR)	ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

RETURN INFORMATION BY: ☐ MAIL

ATTENTION
COMPANY
STREET ADDRESS
CITY, STATE, ZIP CODE

☐ FAX #

COMPANY NAME:

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Please Note: If more than 10 records are ordered during one business day or if the records exceed 30 pages, the records will be mailed to the mailing address associated with your account.