



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

MOTOR VEHICLE LIABILITY INSURANCE VERIFICATION RESPONSE FORM

RESPONSE INSTRUCTIONS:

Carefully review the instructions for submitting this form to DMV.

- Was the vehicle covered by motor vehicle liability insurance on the date that the vehicle was selected for insurance verification?

YES - Complete Section 1 and sign the form. DMV will submit this information to the insurer listed. Failure to provide correct policy information will result in DMV sending Notice of Suspension.

NO - Complete Section 1 with your name, customer number, and contact information. In addition, complete Section 2 or Section 3 and Section 4, and sign the form. Along with this complete form, submit documentation to support reasons why the vehicle is not in compliance with motor vehicle liability insurance requirements.

Section 1

CUSTOMER NAME (LAST, FIRST, M.I.)	DMV CUSTOMER NUMBER	CUSTOMER PHONE NUMBER	VEHICLE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER (VIN)	INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER	

Section 2

Was the ownership and financial interest in this vehicle transferred before the date that the vehicle was selected for insurance verification?	DATE SOLD	BUYER NAME
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YES*

(*Attach a legible copy of the Bill of Sale or other documentation that is evidence of transfer of ownership and complete the boxes above. See OAR 735-050-0000 Determination of Ownership.)

Was the vehicle registered in another state on the date that the vehicle was selected for insurance verification?	DATE	STATE
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YES* (*Attach a copy of the out-of-state title or registration and complete the boxes above.)

Section 3

On the date of selection, the selected vehicle was not covered by motor vehicle liability insurance.

Use this section to explain why the vehicle was not covered by motor vehicle liability insurance.

Note: DMV will suspend the driving privileges or right to apply for driving privileges under ORS 806.220(1)(a) and 809.415(3)(a) of any person who fails to make a future responsibility filing by failing to provide sufficient proof of compliance with financial responsibility requirements. To stop the suspension, you will need to file proof of future financial responsibility (SR-22).

Section 4

As provided for by OAR 735-050-0080, DMV may not require an SR-22 if there is good reason for the vehicle not to have insurance on the selected date. Send the request for DMV not to require an SR-22 and your supporting documents to DMV Driver Transactions Unit.

- I didn't qualify as an owner of this vehicle (see [OAR 735-050-0000](#))
- I, in good faith, believed the vehicle was insured (see [OAR 735-050-0060](#))
- There was sufficient reason why the vehicle was not covered (see [OAR 735-050-0080](#))

Submitting a request for exemption does not result in an automatic grant of exemption. You must contact DMV Driver Transactions Unit at 503-945-5033 to learn if your request is approved.

Section 5

I certify that the information above is true and accurate to the best of my knowledge.

SIGNATURE X	DATE
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DMV USE ONLY

Response provided under Section 3 and Section 4 requires creation of an OLIVR VOI Case. Attach this form and supporting documentation to the Items Sub-tab in the case.

DATE STAMP: _____ TSR INITIALS: _____

Mail to: DMV Headquarters Driver Transactions Unit
1905 Lana Ave NE
Salem OR 97314

FAX to: 503-945-7981
Email to: DMVInsurance@odot.oregon.gov