

NOTICE OF RELEASE FROM INCARCERATION

(For purposes of obtaining driving privileges)

INSTRUCTIONS:

ORS 807.240, 809.409 and 809.411 require DMV to determine the eligibility for driving privileges based on the date a person is released from incarceration for the crime(s) for which the person's driving privileges were revoked or suspended.

- Use this form to verify the date of release from incarceration. Note: You may need to complete multiple forms for multiple offenses and/or for offenses arising from separate episodes.
- The form must be signed by an authorized representative of the Oregon Department of Corrections; the State Board of Parole and Post Prison Supervision; or an Oregon County Jail/Corrections Office.

 Mail this notice to: DMV, Driver Sanctions Unit, 1905 Lana Ave NE, Salem OR 97314 or fax to 503-945-5096. 	
DRIVER LICENSE/CUSTOMER NUMBER	DATE OF BIRTH (MM-DD-YYYY)
PERSON'S NAME (PRINT: LAST, FIRST MIDDLE)	
STREET ADDRESS (INCLUDE CITY, STATE, ZIP CODE)	
▼ RELEAS (This point forward to be o	E INFORMATION ▼ completed by authorized representative)
Assault in the second, third or fourth de	gree Date of offense://
☐ Failure to Perform Duties of a Driver	Date of offense://
Docket/Case #:	
Date released from incarceration:	
Aggravated Vehicular Homicide	
Aggravated Driving While Suspended or Revoked	
Any Degree of Murder, Manslaughter, Assault in the First Degree, or Criminally Negligent Homicide (resulting from operation of motor vehicle)	
Date of offense://	Docket/Case #:
Date released from incarceration for the crime and any other crimes arising out of the same criminal episode	
(ORS 809.409(2))://	
REPRESENTATIVE'S PRINTED NAME	
DEPARTMENT	PHONE NUMBER:
REPRESENTATIVE'S SIGNATURE	DATE: