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

ACCOUNT HOLDER REQUEST FOR COMPLETE DRIVING HISTORY (MC)

INCLUDES CDL MEDICAL INFORMATION AND DRUG TEST INFORMATION

You must have a DMV Record Inquiry Account to use this form. Your D.O.T. number is not a valid account number for ordering DMV records. If you do not have a DMV Record Inquiry Account please see the note below.*

Company Name: _____
PRINT NAME

DMV Record Inquiry Account #: _____

AUTHORIZATION TO RELEASE EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Oregon Driver License Number: _____

Driver Name: _____ Date of Birth: _____
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410 and Chapter 163, Oregon Laws 2013.

PLEASE mail to: _____
COMPANY NAME

_____
COMPANY ADDRESS

OR FAX to: _____
COMPANY FAX NUMBER

Signature of Driver: X _____ Date: _____

A complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with drug test result information will be provided by submitting this form. Your account will be charged $5.00. Positive drug test result information will only appear on the employment driving record if it was added before August 1, 2021.

* If you do not have a DMV Record Inquiry Account, you **must** use Form 735-7195 *Request for Complete Driver History,* to order a complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with drug test result information.

MAIL OR FAX REQUEST TO: DMV Record Services
1905 Lana Ave NE
Salem OR 97314

FAX NUMBER: 503-588-0155 or 503-588-0156

Please call Record Services at 503-945-5308 with questions regarding this form or email DMVRecordServices@odot.oregon.gov

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950 or email Records Policy at ODOTDMVRecordsPol@odot.oregon.gov