



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

NOTARIZED PERMISSION SLIP TO REQUEST OREGON DMV RECORDS

By signing this form, you are giving permission to request your personal information from Oregon DMV records (Name, Address, Driver License, Driver Permit or Identification Card Number, and Telephone Number) to a person who is not otherwise entitled by law to obtain this information. A new form must be completed each time personal information is requested by a person who is not otherwise entitled by law to obtain this information. You do not need this form to request your own DMV records.

I, _____, Oregon Customer Number _____,
(Print Full Name) (Driver License / Permit or ID Card Number)

Date of Birth _____, give permission to _____,
(MM/DD/YYYY) (Print Full Name)

to request a copy of my driver and/or vehicle record information from Oregon DMV that may include any or all of the following personal information about me: Name, Address, Driver License, Driver Permit or Identification Card Number, and Telephone Number.

Please FAX records to: _____

Or mail to: _____

READ CAREFULLY:

Records ordered at a DMV field office are mailed or faxed from DMV Headquarters in Salem. Record fees must be paid in full by check, money order, or cash, only at the time of the order.

This form must be signed before a Notary. You are responsible for any Notary fees.

SIGNATURE X	DATE
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- To Be Completed By Notary -

NOTARY	State of _____ County of _____
	Subscribed and sworn before me this _____ day of _____, 20 ____
	by _____
	X _____ SIGNATURE OF NOTARY PUBLIC

STOP • DO NOT WRITE IN THE AREA BELOW • FOR DMV OFFICE USE ONLY

CUSTOMER ID NUMBER	COUNTER DATE STAMP	TSR ID
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