



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

# DEALER WORK TRANSACTIONS SUBMITTED LIST

DEALER NAME:	DEALER NUMBER:	CHECK NUMBER:	CHECK AMOUNT:
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	CUSTOMER NAME	CUSTOMER NUMBER	LAST 8 OF VIN NUMBER	MAKE OF VEHICLE	TRANSACTION TOTAL	ACTION	REFUND
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**TOTAL:**

**Instructions:** Contact [DMVDealerServices@odot.oregon.gov](mailto:DMVDealerServices@odot.oregon.gov) with any questions.

This form is required when submitting DMV documents and fees for title and/or registration under OAR 735-150-0050 to Oregon Dealer Services. This form is not required when:

- An equivalent form is provided (equivalent form must contain the same information); or
- Transactions are submitted using EVR.

**DMV USE ONLY / DATE SUBMITTED:**