

State of Oregon Web Invoice System

User Request Form

Please provide RACF IDs if they are already defined for your users.
Email completed form to: motor.billing@oregon.gov.

Agency Number
Agency Name

User 1

RACF ID:

Have Password?:

Y N

First Name:

Middle Initial:

Last Name:

Email:

User 2

RACF ID:

Have Password?:

Y N

First Name:

Middle Initial:

Last Name:

Email:

User 3

RACF ID:

Have Password?:

Y N

First Name:

Middle Initial:

Last Name:

Email:
