



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

DMV SERVICES
1905 LANA AVE NE
SALEM, OR 97314-2340

REQUEST FOR DRIVING RECORD*

* This form can ONLY be used by DMV account holders. Records can also be ordered through DMV's web portal located at: DMV2U.Oregon.gov. If you do not have a Record Inquiry Account with DMV, please use the DMV form titled *Request For Information* (form # 735-7122). If you need to request your own record, please use DMV form titled *Order Your Own Record* (form # 735-7266).

REQUESTOR'S DMV ACCOUNT NUMBER	DATE OF REQUEST
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| <input type="checkbox"/> DR NON-EMPLOYMENT DRIVING RECORD = 3 -YEAR RECORD - \$1.50

<input type="checkbox"/> DE EMPLOYMENT DRIVING RECORD = 3 -YEAR RECORD - \$2.00

<input type="checkbox"/> DI DRIVER ADDRESS INFORMATION - \$1.50

<input type="checkbox"/> CP CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION. - \$3.00

<input type="checkbox"/> MQ CERTIFIED COURT PRINT with CDL MEDICAL CERTIFICATION INFORMATION = MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION. - \$3.00 | <input type="checkbox"/> CS SUSPENSION PACKAGE - \$11.50 ARREST DATE: _____ COURT DATE: _____

<input type="checkbox"/> RP PURGED DRIVING RECORD - \$1.50

<input type="checkbox"/> DO OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD - \$1.50 (Only available to insurers and insurance support organizations)

<input type="checkbox"/> PA POLICE TRAFFIC CRASH REPORT RECORD - \$8.50 DATE OF CRASH: _____

<input type="checkbox"/> OTHER (Specify): _____ |
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NOTE: See DMV form # 735-6691 for additional record types

	ODL / CUSTOMER NUMBER	DATE OF BIRTH (MONTH-DAY-YEAR)	DRIVER'S NAME (LAST, FIRST, MIDDLE)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

An \$8.50 fee will be charged even when the DMV Police Traffic Crash Report can not be found. If the information below is not provided, your request will not be processed and returned back to you. For Crash Information Letters, you must attach a statement of representation and how your client was involved.

ATTENTION
COMPANY
STREET ADDRESS
CITY, STATE, ZIP CODE

RETURN INFORMATION BY: **MAIL** **FAX #**

COMPANY NAME: _____

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Please Note: If more than 10 records are ordered during one business day or if the records exceed 30 pages, the records will be mailed to the mailing address associated with your account.