



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

# RECORD INQUIRY ACCOUNT APPLICATION

▼ FOR AGENCY USE ONLY ▼	
ACCOUNT NUMBER	
ACCOUNT TYPE	
DATE OPENED	
REASON CLOSED	
RECEIVED	
RETURNED	
APPROVED BY	DATE
REOPENED	DATE

**A. ARE YOU APPLYING FOR A NEW ACCOUNT?**  YES  NO\*

\*Current account number if requalifying: \_\_\_\_\_

## B. IDENTIFICATION NUMBERS

FEDERAL EMPLOYER ID NUMBER (FEIN): \_\_\_\_\_

OR

OREGON DRIVER LICENSE NUMBER: \_\_\_\_\_

AND

SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

*\* I am providing my Social Security Number on a voluntary basis. I understand that I cannot be compelled to provide it or be denied consideration solely for the failure to provide it. It may be used to verify my identification, credit and employment information, and be used for collection purposes.*

## C. BUSINESS CONTACT INFORMATION

BUSINESS NAME

MAIN CONTACT PERSON	TITLE	EMAIL ADDRESS
ADDITIONAL CONTACT PERSON (OPTIONAL)	TITLE	EMAIL ADDRESS
ADDITIONAL CONTACT PERSON (OPTIONAL)	TITLE	EMAIL ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)	CITY	STATE	ZIP CODE

BILLING ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)	CITY	STATE	ZIP CODE

STREET ADDRESS	CITY	STATE	ZIP CODE

TYPE OF BUSINESS

TELEPHONE NUMBER (AND EXT. IF ANY)	FAX NUMBER	WEBSITE ADDRESS
( )	( )	

## D. AUTOMATED REPORTING SERVICE

**ARS** I WANT THE **AUTOMATED REPORTING SERVICE (ARS)** FOR MY DRIVERS.

This service produces and mails a Certified Court Print driving record when a conviction, accident, suspension, cancellation or revocation is posted to one of your employee's driving record.

**IF APPLYING FOR A NEW ACCOUNT, A \$70 NON-REFUNDABLE APPLICATION FEE WILL BE ADDED TO YOUR FIRST INVOICE. IF YOUR APPLICATION IS DENIED, NO FEE WILL APPLY.**

**NO FEE IS REQUIRED TO REQUALIFY AN EXISTING/ACTIVE ACCOUNT.  
APPLICATIONS WILL NOT BE ACCEPTED BY HAND DELIVERY.**

**The application and proof documents may be returned by mail, email, or fax.**

**Mail:** Oregon DMV Records Policy Unit  
1905 Lana Ave NE  
Salem OR 97314

**Email:** [ODOTDMVRECORDSPOL@ODOT.STATE.OR.US](mailto:ODOTDMVRECORDSPOL@ODOT.STATE.OR.US)  
**Fax:** 503-947-4065

**FOR QUESTIONS,** please call 503-945-7950  
or **Email:** [ODOTDMVRECORDSPOL@ODOT.STATE.OR.US](mailto:ODOTDMVRECORDSPOL@ODOT.STATE.OR.US)



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# RECORD USE QUESTIONS

**ACCESS TO DMV RECORDS IS HIGHLY RESTRICTED. IF YOU KNOWINGLY OBTAIN OR USE PERSONAL INFORMATION FROM A DMV RECORD IN VIOLATION OF ORS 802.175 - ORS 802.191, YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION OR A CIVIL ACTION.**

Under Oregon law, only certain entities qualify to receive personal information from DMV records and these entities can only use the information for specific purposes outlined in Oregon's Record Privacy Law (ORS 802.175 - 802.191). As defined in Oregon's Record Privacy Law, personal information means the following that identifies an individual: Driver License, Driver Permit, or Identification Number; Name; Address; Telephone Number.

Please answer all of the following questions. **If any question is left unanswered or incomplete, your application will be returned to you for completion.**

1) – What type of DMV records will be requested? Select all that apply and explain **in detail** how the records will be used and/or the purpose for obtaining them.

**Vehicle Records:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver Records:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) – Estimate your number of monthly requests: \_\_\_\_\_

3) – Will personal information and/or records obtained from DMV be provided to others outside of your business?

**YES\***  **NO**

\*If "YES," to whom and for what reason? \_\_\_\_\_  
\_\_\_\_\_

4) – Will personal information be obtained in order to make contact with the individual?

**YES\***  **NO**

\*If "YES," for what purpose? \_\_\_\_\_  
\_\_\_\_\_

5) – After you use DMV records as stated in Question #1, do you intend to resell or redisclose Oregon DMV records to another entity for their own separate use?

**YES\***  **NO**

\*If "YES," to whom and for what purpose? \_\_\_\_\_  
\_\_\_\_\_

Please note that anyone you resell or redisclose personal information to **after** you have used the record must come directly to DMV to be authorized to receive the personal information pursuant to ORS 802.181. If you do not comply with this requirement and you resell or redisclose personal information to someone who has not been authorized by DMV to receive it, your account will be closed. Please contact DMV at 503-945-7950 or 503-945-8906 if you have questions about this requirement.

6) – Do you or your business (including any partners or corporate officers) currently have an account with Oregon DMV or have you or your business ever applied for or previously established an account with Oregon DMV?

**YES\***  **NO**

\*If "YES," under what Name? \_\_\_\_\_

\*If "YES," under what Account Number? \_\_\_\_\_

\*If "YES," When? \_\_\_\_\_



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## ENTITY TYPE SELECTION

Select your entity type based on your type of business **and** intended use of DMV records as permitted under Oregon's Record Privacy law. **You must provide the required proof document(s) listed for each entity type selected.**

**Attorney** - If you are a member of the Oregon State Bar, submit your active bar number \_\_\_\_\_. If you are a licensed attorney in a state other than Oregon, submit your active state bar number \_\_\_\_\_ and copies of documents that prove you are a licensed attorney by the state in which you practice law.

**Collection Agency** - Submit proof that you are currently registered as a collection agency through the Oregon Department of Consumer and Business Services.

**Financial Institution** - Submit a copy of your membership charter or your FDIC or NCUA insurance certificate.

*I certify that I am an attorney, collection agency, or financial institution authorized under ORS 802.179 (4) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in connection with a civil, criminal, administrative or arbitration proceeding in any court, government agency, or self-regulatory body.*

**Government Agency** - Submit your business card.

*I certify that I am a government agency authorized under ORS 802.179 (1) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely for carrying out this government agency's governmental functions, including but not limited to the following statute where applicable: ORS 802.195.*

**Private Investigator** - Submit a copy of your current Private Investigator license issued by the Oregon Department of Public Safety Standards and Training.

*I certify that I am a licensed Oregon Private Investigator authorized under ORS 802.179 (18) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used for one or more of the purposes outlined in ORS 802.179.*

**Note: Use of the account must only be on behalf of another qualified entity and for a qualifying purpose listed under Oregon's Record Privacy law (ORS 802.175-802.191). The account may not be used on behalf of the general public.**

**Private investigators licensed outside the state of Oregon do not qualify to receive personal information from Oregon DMV.**

**Process Server** - Submit each of the following: 1) An attachment (such as an advertising brochure) as proof that you are a process server or a process serving organization, **and** 2) Proof that you are a legitimate business, such as a copy of your business license.

*I certify that I am a process server authorized under ORS 802.179(4) (b) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in connection with serving a process for an existing civil, criminal, administrative or arbitration proceeding, or a judgment, in any court, government agency or self-regulatory body.*

**Insurer or Self-Insured Entity** - Submit a copy of your current Certificate of Authority issued by the Insurance Division; a copy of your current Insurance License issued by the Insurance Division; or a copy of the self-insured employer's certificate provided by the Department of Consumer and Business Services or similar certification as required by the state in which the employer is located.

**Insurance Support Organization** - Submit a copy of your current and valid business, professional, occupational, or commercial license issued by a governmental body that regulates that type of business, profession, trade, or commercial activity. Also, **submit each of the following:** 1) A current sampling of the insurance carriers you are working on behalf of, a contact name from each company and their telephone number; 2) Copy of an advertisement that shows your type of business; and 3) Letter of explanation describing your business.

*I certify I am an Insurer, Self-Insured Entity, or Insurance Support Organization authorized under ORS 802.179 (6) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in connection with claims investigation activities, anti-fraud activities, underwriting, or rating.*

**ENTITY TYPE** (Continued from previous page.)

**Legitimate Business -**

(1) Submit one of the following: • (a) A current and valid business, professional, occupational or commercial license issued by a governmental body that regulates that type of business, profession, trade or commercial activity. **If you are an automobile dealer, you must submit a copy of your valid dealer certificate;** • (b) A Certificate of Existence or Authorization issued by the Secretary of State under ORS 60.027, 62.065, 63.027, or 65.027; • (c) A current copy of the Articles of Incorporation or Articles of Organization, including proof that they have been filed with the Secretary of State, or if a foreign corporation or foreign limited liability company, proof that it has been authorized by the Secretary of State to transact business in Oregon or that it has been formed in accordance with the laws of the jurisdiction in which it is incorporated or organized; • (d) A current copy of the business Partnership Agreement; • (e) A copy of the business income tax form filed for the latest tax period for which filing was required; • (f) A certification from the Office of Minority, Women and Emerging Small Businesses or similar governmental organization.

OR

**(2) At least two of the following:** • (a) A business invoice issued by the business within the last three months showing the sale of a product or service the business provides; • (b) A current business card; • (c) A resume of work completed or products sold within the last three months, with names and phone numbers of customers who may be contacted for verification; • (d) A copy of a signed contract for work performed within the last six months; • (e) A copy of a current rental, lease or purchase agreement for the business premises, or proof of ownership of the business premises; • (f) A copy of a current rental or lease agreement for business equipment or a receipt or purchase agreement showing the purchase of business equipment. "Business equipment" means equipment necessary for the business to manufacture or provide a product or deliver a service and includes such things as a computer, photocopier, business vehicle, cash register, etc; • (g) A copy of a business related loan agreement; • (h) A copy of or reference to a current business advertisement, including but not limited to the yellow pages, newspaper, television or other media of general circulation. If DMV is unable to verify the advertisement, documentation of the advertisement may be required.

*I certify that I am a legitimate business authorized under ORS 802.179 (3) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in the normal course of business for:*

- A. Verifying the accuracy of personal information submitted to the business: or**
- B. Correcting personal information submitted to the business, but only in order to:**
  - 1. Prevent fraud;
  - 2. Pursue legal remedies against the individual who submitted the personal information; or
  - 3. Recover a debt from, or satisfy a security interest against, the individual.

**Note: The account can only be used to verify or correct personal information that has been submitted to the business. The account cannot be used to obtain information on abandoned/unknown vehicles, or to obtain personal information that has not been provided to you to verify against. You may not act as a third party to provide information to others. You must be the end user of the information.**

- Tow Company** - Submit each of the following: **(1)** Provide an Oregon TW plate number \_\_\_\_\_ for a currently registered tow vehicle that is titled in the same name as the business or applicant. **For out of state companies,** submit a copy of a current registration from one of your tow vehicles that is in your company name. **(2)** Submit a copy of your current business, professional, occupational or commercial license issued by a government body that regulates that type of business, profession, trade or commercial activity. **(3)** Submit a copy of an advertisement that shows your type of business.

*I certify that I am a tow company authorized under ORS 802.179 (7) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely to give notice to another person concerning the vehicle when required by the state or federal Constitution, a statute, or an ordinance.*

- Private Security Professional** - Submit a copy of your certification issued by the Department of Public Safety Standards and Training. The certificate must show a valid DPSST number certified under ORS 181.878.

*I certify that I am a private security professional authorized under ORS 802.179 (8) to obtain personal information from DMV motor vehicle records. Personal information obtained through the account will be used solely for the purpose of determining ownership of vehicles parked in a place over which the private security professional, acting within the scope of the professional's employment, exercises control.*

**Note: Only DPSST certified Private Security Professionals with an Armed and/or Unarmed certification are authorized to obtain personal information.**

- News Media** - Submit one of the following: (1) A letter from the news media organization you represent confirming your representation of the organization; (2) a copy of your contract with a news media organization; or (3) for radio or television organizations, a copy of the valid FCC license for the organization you represent.

*I certify that I am a representative of the news media, and authorized under ORS 802.179 (14) to obtain personal information from DMV motor vehicle records. Personal information obtained through the account will be used solely for the gathering or dissemination of information related to the operation of a motor vehicle or to public safety.*

## GENERAL ACCOUNT INFORMATION AND RULES

- The contact person(s) you have assigned will have administrative authority over the account, and who DMV will contact if there is a question regarding a request for records. Any person making an inquiry as to your business account number or web PIN will be referred to the contact person.
- DMV2U users with Administrator access level are considered to have equivalent authority over the account as a contact person; therefore, carefully choose which users to grant this authority to.
- Protect your account number, web PIN, and DMV2U logon credentials. Only share your account number and web PIN to employees within your business who you have authorized to access the account. This will prevent unauthorized use and unnecessary charges to your account. You are liable for all use and charges that occur.
- DMV2U logons are for individual use. Shared or generic logons are not to be created. Usernames and passwords are not to be shared or used by anyone other than the individual user.
- A DMV2U Administrator is responsible for maintaining all user access. If an employee leaves your business, their access to DMV2U must immediately be deactivated.
- Use of the account is restricted to the specific purposes outlined for your selected entity type(s), and according to your stated use on the application. If your intended use of DMV records changes, you must obtain prior written authorization from Oregon DMV's Record Policy Unit before using the account for any new purpose.
- Misuse of an account may cause you to be subject to criminal prosecution or a civil action. Examples of misuse include, but are not limited to, obtaining personal information for your own personal use, accessing personal records, or using your account for purposes not outlined for your approved entity type selection(s).
- All account holders will be required to requalify every two years by filling out a new application. A letter will be mailed 60 days in advance of when an application will be due.

### Reasons for Account Closure

- Misuse of the account, or use of the account for any purpose other than what is outlined for your approved entity type selection(s).
- You no longer qualify to receive personal information from DMV records.
- If the proof documentation you provide expires, is suspended, or revoked.
- Your account balance has been delinquent for four (4) months and your account is not paid within fifteen (15) days of written notification by DMV.
- DMV receives notice of bankruptcy regarding your business.
- If you do not submit an application to requalify your account by the stated due date.

**Note: If the account is eligible to be reopened, a \$70 fee non-refundable fee will be required to reopen the account.**

### Billing Information

- DMV will furnish **summary billings only** by type of record. You are required to maintain a record of your specific requests and you can refer to your records if you need to reconcile your monthly billings.
- To ensure prompt posting of your payment, enclose the bottom portion of the invoice showing the amount paid with all mailed payments on your account. Make payments payable to Oregon DMV.
- Billing is on a thirty (30) day cycle. If payment is not received by the stated due date on your invoice, a temporary hold will be placed on the account until the past due portion is paid.

## CERTIFICATION

Please carefully review the following certification statements:

- We understand if the information is misused and/or if personal information is obtained or re-disclosed improperly that we may be subject to criminal prosecution or a civil action and the account will be closed.
- ORS 802.189 is the criminal penalty for violation of ORS 802.175 - 802.187.
  - Knowingly obtaining or using personal information from a motor vehicle record in violation of ORS 802.175 - 802.187 is a Class A misdemeanor.
- ORS 802.191 is the civil action for violation of ORS 802.175 - 802.187.
  - A person aggrieved by an intentional violation of ORS 802.175 - 802.187 may bring an action at law against a person who has knowingly obtained or used personal information about the aggrieved person in violation of ORS 802.175 - 802.187. The action shall be for actual damages or \$2,500, whichever is greater, plus attorney fees and court costs reasonably incurred in the action.
  - A person aggrieved by a violation of ORS 802.175 - 802.187, a District Attorney or the Attorney General may obtain appropriate relief to enforce ORS 802.175 - 802.187, together with attorney fees and costs reasonably incurred in an action for relief.
  - Any person whose use or obtaining of personal information in violation of ORS 802.175 - 802.187 subjects the State of Oregon to any liability or claim shall indemnify and hold harmless this state from all such liability and any claims, including attorney fees and court costs, incurred in any proceeding arising under ORS 802.175 - 802.187.
- The record information obtained from DMV will be used only for the purposes stated under the entity selected.
- **We may not act as a third party on behalf of any other business or individual to obtain personal information.**
- If we knowingly obtain or use personal information in violation of ORS 802.175 - ORS 802.191, we may be subject to criminal prosecution or a civil action.
- We must notify DMV's Records Policy Unit within one (1) business day of an intended or actual closure of our business or voluntary termination of our account and within ten (10) working days if our business has a change in ownership, signatory person, contact person, address, or any other changes relevant to this account.
- We will keep records for a period of five (5) years that identifies: (a) the DMV record accessed; (b) the personal information used; (c) the permitted purpose for which this personal information was used as required under OAR 735-010-0020 (7).
- We will keep records for a period of five (5) years (with the exception of news media) that identify each person who receives the personal information we resell or redisclose and the permitted purpose for which the person receives the personal information as required under ORS 802.181.
- Per ORS 802.181, we may only resell or redisclose personal information (Driver License, Driver Permit, or Identification Card number; name; address; and telephone number) to a person or government agency authorized to receive it by Oregon DMV. What this means is that anyone we resell or redisclose personal information to after we have used it must first come directly to Oregon DMV to be authorized to receive the information. The person will do this by contacting DMV Records Policy Unit and filling out necessary qualification paperwork and providing proof of identity. If we do not comply with this requirement and we resell or redisclose personal information to someone who has not been authorized by DMV to receive it, our account may be closed and we may be subject to civil and criminal penalties.
- We will ensure our account number, DMV2U logon credentials, web PIN, and any DMV records containing personal information will be kept secure and will not be accessed or provided to unauthorized parties.
- We will only allow access to this account to authorized individuals within the business (e.g., owner(s), direct employees). No one outside of our business will be allowed access.
- All the information contained in this application is true and correct. We understand that if we submit false, misleading, or otherwise deceptive information, this application will not be processed or the account may be closed.

By signing below, I certify I have read and understand the above information and will ensure that I and any other users of this account will abide by all of the rules and regulations listed in this certification section.

BUSINESS NAME

APPLICANT FIRST AND LAST NAME (PLEASE PRINT)

TITLE

APPLICANT SIGNATURE

DATE

**X**