



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

REQUEST FOR INFORMATION

PRIVACY RULES & REGULATIONS

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

Under Oregon law, only certain requestors qualify to receive personal information from DMV records and these requestors can only use the information for specific purposes outlined in Oregon's Record Privacy Law (ORS 802.175 – 802.191). If information is protected, it will not be released unless a requestor qualifies to receive the information. As defined in Oregon's Record Privacy Law, personal information means the following information that identifies an individual:

- **Driver License, Driver Permit or Identification Card Number**
- **Name**
- **Address**
- **Telephone Number**

I have read and understand the information stated above and I understand I may be subject to criminal and civil penalties if I misuse personal information from Oregon DMV records.

REQUESTOR'S PRINTED NAME

REQUESTOR'S SIGNATURE

X

DATE

INSTRUCTIONS:

- **Section A.** – Fill out the entity name and address fields in full.
- **Section B.** – You must include enough vehicle and/or driver information for DMV to locate the record.
- **Section C.** – List the type of record you are requesting.
- **Section D.** – Describe clearly how you intend to utilize DMV records(s).
- **Section E.** – Check the box next to the type of entity, provide required documentation, and sign the bottom of the next page.

SECTION A. REQUESTOR INFORMATION

NAME OF BUSINESS, FIRM OR TRADE NAME

E-MAIL ADDRESS

BUSINESS TELEPHONE # (INCLUDE EXT. IF ANY)
()

FAX NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

Delivery Options: ☐ **FAX** ☐ **MAIL**

SECTION B. I AM REQUESTING (For multiple inquires attach a separate sheet of paper with the below information listed.)

☐ **Vehicle Information**

Plate number: _____

VIN: _____

Year: _____

Make: _____

Model: _____

☐ **Driver Information**

ODL: _____ DOB: _____

Name: _____
First Middle Last

Address: _____

City: _____

State: _____ Zip Code: _____

SECTION C. TYPE OF RECORD REQUESTED☐ ☐ **DR** NON-EMPLOYMENT DRIVING RECORD = 3 YEAR RECORD \$1.50☐ ☐ **DE** EMPLOYMENT DRIVING RECORD = 3 YEAR RECORD \$2.00☐ ☐ **DI** DRIVER LICENSE INFORMATION \$1.50☐ ☐ **DO** OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD \$1.50☐ ☐ **CP** CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE
MORE THAN FIVE YEARS OF RECORD INFORMATION \$3.00☐ ☐ **MQ** CERTIFIED COURT PRINT WITH CDL MEDICAL CERTIFICATION
INFORMATION = MAY INCLUDE MORE THAN FIVE YEARS OF
RECORD INFORMATION \$3.00☐ ☐ **VR** VEHICLE RECORD PRINT \$4.00☐ ☐ **VH** VEHICLE TITLE HISTORY \$22.50
DETAILS FROM ALL TITLE TRANSACTIONS FROM
WHEN FIRST TITLED IN OREGON – IN LETTER
FORMAT.☐ ☐ **VO** PREVIOUS OWNER INFORMATION \$14.00
DETAILS FROM LAST TITLE TRANSACTION – IN
LETTER FORMAT.☐ ☐ **II** INSURANCE INFORMATION SEARCH \$10.00☐ OTHER: _____☐ ☐ **CC** CERTIFICATION \$1.00

All of the records listed above are certified. See Form 735-6691 – *DMV Record Fee List* for additional records and fees.

Requests for police reports regarding automobile crashes **REQUIRE** the following information **in addition** to the driver information in Section B.

Date of Crash: _____ , **County (or nearest city if county unknown):** _____

DMV cannot locate the report by the police report number. If the above information is not provided, your request will not be processed and returned back to you.

SECTION D. EXPLAIN HOW DMV RECORD(S) WILL BE UTILIZED

1) Explain **in detail** how you intend to use Oregon DMV records: _____

2) Will personal information be provided to others? ☐ **YES** ☐ **NO**

• If "YES," to whom and for what reason? _____

• If "YES," how? ☐ **BY INTERNET** ☐ **BY TELEPHONE** ☐ **BY FAX**

3) How will you ensure Oregon DMV records are not accessed by unauthorized parties?

4) Who in your business will have access to Oregon DMV records?

SECTION E. ENTITY TYPE (Check the box next to the entity you are requesting information under and certifying to.)

☐ **Attorney** - If you are a member of the Oregon State Bar, **submit your bar number** _____. If you are a licensed attorney in a state other than Oregon, submit **your 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 a copy of your current registration certificate issued by 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 I obtain will be used solely in connection with serving a civil, criminal, administrative or arbitration proceeding in a court, government agency, or self-regulatory body.

☐ **Government Agency** - **Submit your business card and your Federal Employer ID Number** _____.

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 I obtain will be used solely for carrying out this government agency's governmental functions.

☐ **Private Investigator** - **Submit your license number** _____ **issued by the Oregon Department of Public Safety Standards & 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 I obtain will be used for one or more of the purposes outlined in ORS 802.179.*

NOTE: Private Investigators licensed outside the state of Oregon do not qualify for personal information contained in Oregon DMV records.

☐ **Process Server** - Submit copies of the documents or materials you are serving and proof that you are over 18 years old (e.g.; copy of your driver license, birth certificate, etc).

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 I obtain will be used solely in connection with 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; or submit a copy of your current Insurance License issued by the Insurance Division; or submit 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) Current name of your insurance customer, a contact name from the company and their telephone number; 2) Copy of an advertisement that shows your type of business; 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 I obtain will be used solely in connection with claims investigation activities, anti-fraud activities, underwriting, or rating.

☐ **Legitimate Business** - **Submit one of the following:** • A Business License. • A Certificate of Existence or Authorization issued by the Secretary of State; • A current copy of a Business Partnership Agreement; • A copy of the business income tax form filed for the latest tax period for which filing was required; • A certification from the Office of Minority, Women, and Emerging Small Businesses.

Or at least two of the following: • A business invoice issued by the business within the last three months. • A current business card; • A copy of a signed contract for work performed within the last six months; • A copy of a current rental, lease or purchase agreement or proof of ownership of the business premises; • A copy of a current rental or lease agreement or receipt of purchase for business equipment; • A copy of a business related loan agreement; • A copy of a current business advertisement.

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 I obtain 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: You may not act as a third party to provide information to others. You must be the end user of the information.

SECTION E. INTENDED USE (Continued from previous page.)

- ☐ **Tow Company - List an Oregon TW plate number** _____ for a currently registered tow vehicle that is titled in the same name as the applicant.

For out of state companies, submit a copy of a registration from one of your vehicles that has your company name on it.

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 I obtain 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.

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

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

- ☐ **Lien Support Organization - Required Proof:** A.) An attachment describing the types of services you provide (an advertising brochure for example) to prove that you are a lien support organization; **AND** B.) A copy of the form or permission slip that your customers sign authorizing you to act on their behalf in order to give notice concerning a vehicle; **AND** C.) Proof that you are a legitimate business, such as a copy of your business license.

I certify I am a representative of a lien support organization which initiates action on behalf of a person or entity authorized under ORS 802.179(7) to obtain personal information from DMV motor vehicles records. Personal information obtained will be solely used to give notice, on behalf of a person or entity, when required by the state or federal constitution, a statute or an ordinance to give notice to another person concerning the vehicle.

I certify:

- The record information I obtain from DMV will be used only for the purposes stated under the entity I have selected.
- **I understand that I may not act as a third party on behalf of any other business or individual to obtain personal information.**
- I understand that I will only resell or redisclose personal information obtained from DMV as authorized by 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, future requests for records will be denied and you will be subject to civil and criminal penalties.
- I understand that if I knowingly obtain or use personal information in violation of ORS 802.175 - ORS 802.191, I may be subject to criminal prosecution or a civil action.

SIGNATURE OF REQUESTOR

X

TITLE OF REQUESTOR

DATE

Send the completed form with requestor's signature, required documentation, and fee to:

(A check or money order payable to "Oregon DMV".)
For a list of DMV record types and fees, see Form 6691.

DMV Record Services
1905 Lana Avenue NE
Salem, OR 97314-2250

For more information see our website at:
www.oregondmv.com or send an email to: dmvrequestforinfo@odot.oregon.gov