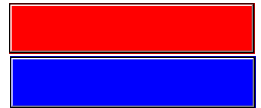




DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

REQUEST FOR COMPLETE DRIVER HISTORY



INCLUDES CDL MEDICAL INFORMATION AND DRUG TEST INFORMATION

Use this form to obtain a complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with any drug test result information.

1. This form must be completed in full.
2. Include the \$5.00 fee for the records.
3. Send the completed form and fee to:

**DMV Records Services Unit
1905 Lana Avenue
Salem, OR 97314**

Oregon Driver License Number: _____

Driver Name: _____ Date of Birth: _____
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410 and Chapter 163, Oregon Laws 2013, and my complete driving history with CDL Medical Examiner's Certificate information. I understand that these records contain my personal information (Name, Address, Driver License, Driver Permit or Identification Card Number).

**PLEASE
mail to:**

COMPANY NAME

COMPANY ADDRESS

**OR
FAX to:**

COMPANY FAX NUMBER

This form must be signed before a Notary as required under ORS 802.179 (12). You are responsible for any Notary fees.

SIGNATURE OF DRIVER X	DATE
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N O T A R Y	State of _____ County of _____
	This instrument was acknowledged before me on _____, 20____
	by _____
	X _____ SIGNATURE OF NOTARY PUBLIC