



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

# NOTARIZED PERMISSION SLIP TO REQUEST OREGON DMV RECORDS

By signing this form, you are giving permission to request your personal information from Oregon DMV records (Name, Address, Driver License, Driver Permit or Identification Card Number, and Telephone Number) to a person who is not otherwise entitled by law to obtain this information. A new form must be completed each time personal information is requested by a person who is not otherwise entitled by law to obtain this information. You do not need this form to request your own DMV records.

I, \_\_\_\_\_, Oregon Customer Number \_\_\_\_\_,  
(Print Full Name) (Driver License / Permit or ID Card Number)

Date of Birth \_\_\_\_\_, give permission to \_\_\_\_\_,  
(MM/DD/YYYY) (Print Full Name)

to request a copy of my driver and/or vehicle record information from Oregon DMV that may include any or all of the following personal information about me: Name, Address, Driver License, Driver Permit or Identification Card Number, and Telephone Number.

Please FAX records to: \_\_\_\_\_

Or mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### READ CAREFULLY:

Records ordered at a DMV field office are mailed or faxed from DMV Headquarters in Salem. Record fees must be paid in full by check, money order, or cash, only at the time of the order.

**This form must be signed before a Notary.** You are responsible for any Notary fees.

SIGNATURE

X

DATE

### - To Be Completed By Notary -

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_

X \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC

### STOP • DO NOT WRITE IN THE AREA BELOW • FOR DMV OFFICE USE ONLY

CUSTOMER ID NUMBER

COUNTER DATE STAMP

TSR ID