



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

# RECORD INQUIRY ACCOUNT APPLICATION & CERTIFICATION

## Dear Prospective Account Holder:

Enclosed is an application to qualify for a Record Inquiry Account with DMV.

## Obtaining a Record Inquiry Account

To obtain a Record Inquiry Account with DMV, you must qualify to receive personal information. The access and use of personal information contained in DMV files is limited. Under Oregon Law, (ORS 802.175-ORS 802.191) only certain entities may obtain personal information and must use the information for specific purposes. Personal information is: Driver license, driver permit or identification card number; Name; Address; and Telephone number. Personal information does not include information about a business or organization, e.g., ABC Trucking. It is your responsibility to know and abide by the provisions set forth under Oregon law. If you knowingly obtain or use personal information in violation of ORS 802.175-ORS 802.191 you may be subject to criminal prosecution or a civil action.

The enclosed fee schedule indicates what type of records are available and the fee for each record. If you have questions about the types of records described on the fee schedule, please call our Customer Assistance Unit at (503) 945-5310. If you have questions regarding qualification for an account, call the Records Policy Unit at (503) 945-7950.

## Benefits of Setting Up an Account

**1. Pre-Qualification:** You need only qualify once to have access to personal information contained in DMV records. You are then pre-qualified to receive information whenever you need it. Without an account, you must submit individual requests and re-qualify each time you need personal information. There is a one time, non-refundable account set-up fee of \$70. **DMV does not accept payment by credit card.**

**2. Monthly Billing:** You are billed at the beginning of the month for information you ordered the previous month. Without an account, you must fill out *Request for Information* form and pay in advance each time you request information.

**3. Access to information:** You can call Customer Service for records information during regular business hours, and also have access to DMV's Interactive Voice Response System (**DAVE**.) using a touch tone telephone, 24 hours a day, 7 days a week. DAVE allows you to do the following:

1. Listen to driver license name and address, description and status.
2. Listen to vehicle description and ownership.
3. Order a three-year non-employment driving record.
4. Order a certified court print driving record.
5. Order a three-year employment driving record.
6. Order a vehicle record print.

**4. Automated Reporting System:** The Automated Reporting System (**A.R.S.**) is a service provided to employers with drivers under their employment, such as trucking companies. This service produces and sends you a court print driving record when a conviction, accident, or suspension is posted to one of your employees records. There is a \$2.00 fee to add or delete names to your account, and a \$3.00 fee when a record is produced. Please call (503) 945-5427 for more information on the Automated Reporting System.

## Completing the Record Inquiry Account Application

### **STEP 1:**

**Section A.** In Section A, include your Federal Employer I.D. Number. If you do not have a Federal Employer I.D. Number, include your Driver License number and Social Security number.

**Section B.** In Section B, fill out the name and address fields in full. The mailing address that you select will be the address where ordered records and invoices are mailed. Specify the type of business, the department, and fax number. Include the name of a contact person and their telephone number.

**Section C.** In Section C, check the box next to the type of records to be requested, (driver, vehicle, and if you want the Automated Reporting System) and explain how you intend to use the records and estimate your total monthly requests.

**Section D.** Next, assign yourself a password. **Passwords must be five single-digit numbers.** No letters, blank spaces, or symbols are allowed. Write down your password for your records, or make a copy of your completed application form.

**Section E.** In Section E, read the certification information carefully, and sign and date the bottom of the page. This completes the account application page.

### **STEP 2:**

**Certification Pages:** The next step is to read through the enclosed yellow certification pages and select the one(s) that describe which entity you are. **Include any required documentation.** You may have a need to qualify under more than one entity. Fill out and mail **only** the certification page(s) that apply.

### **STEP 3:**

**Please Enclose** a check or money order (payable to "Oregon DMV") for the non-refundable account set-up fee.

*Please use the following checklist after you have completed the steps listed above.*

#### **Have you done the following?**

- Completed Sections A through E of the Record Inquiry Account Application in full?
- Selected certification page(s) and signed and dated the page(s) that apply?
- Attached any required documentation with the certification page(s)?
- Enclosed a check for \$70 to DMV for the non-refundable account set-up fee?

Once we receive your application, we will review it and your supporting documents to determine if you qualify to receive personal information from DMV records. If approved for an account, you will be notified by mail of your account number and receive instructions on how to order records by phone and use the D.A.V.E. program. If your application is denied, the \$70 account set-up fee will be returned to you.

### **STEP 4:**

**Mail completed Record Account Application, certification page(s) and \$70 fee to:**

DMV Records Policy Unit  
1905 Lana Ave NE  
Salem, OR 97314-2250

[www.oregondmv.com](http://www.oregondmv.com)



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
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# APPLICATION FOR RECORD INQUIRY ACCOUNT

▼ FOR AGENCY USE ONLY ▼

ACCOUNT NUMBER		
ACCOUNT TYPE	CODE	PRIOR
DATE CLOSED		
REASON CLOSED		
RECEIVED		
RETURNED		
APPROVED BY	DATE	
REQUALIFIED	DATE	

## A. IDENTIFICATION NUMBERS

FEDERAL EMPLOYER I.D. NUMBER \_\_\_\_\_  
**or**  
 DRIVERS 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.

## B. NAME, ADDRESS, AND TELEPHONE NUMBER

BUSINESS NAME (COMPLETE FIRM NAME OR INDIVIDUAL; LAST, FIRST, INITIAL)	TELEPHONE NUMBER (AND EXT. IF ANY) (    )		
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (RECORDS ORDERED AND INVOICES WILL BE MAILED TO THIS ADDRESS)	CITY	STATE	ZIP CODE
TYPE OF BUSINESS (SUCH AS AUTO INSURANCE, BANKING, CREDIT COLLECTIONS, ETC.)	DEPARTMENT	FAX NUMBER (    )	
CONTACT PERSON	TELEPHONE NUMBER (AND EXT. IF ANY) (    )		

## C. TYPES OF RECORD TO BE REQUESTED

DRIVING RECORDS     VEHICLE RECORDS     I WANT THE AUTOMATED REPORTING SYSTEM FOR MY DRIVERS

EXPLAIN HOW YOU INTEND TO USE DRIVING RECORDS

EXPLAIN HOW YOU INTEND TO USE VEHICLE RECORDS

ESTIMATE YOUR NUMBER OF MONTHLY INDIVIDUAL REQUESTS

## D. PASSWORD

PASSWORD				

**Password MUST be five single-digit numbers.** No letters, blank spaces or symbols other than numbers will be allowed. Please make note of your password number. This application will not be returned.

## E. CERTIFICATION

### I certify:

- I have read and understand the "...Rules for Account Holders" and "Reasons Why Your Account Can Be Closed" from the back of this form.
- I am an authorized representative of entity requesting a record inquiry account.
- The information above is true and correct to the best of my knowledge;
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- That payment on this account will be made within thirty (30) days of receipt of invoice.

NAME OF APPLICANT (PRINTED)	TITLE
SIGNATURE OF APPLICANT <b>X</b>	DATE

**A FEE OF \$70 MUST ACCOMPANY THIS APPLICATION, IF APPLICATION IS DENIED, THE FEE WILL BE RETURNED.**

**MAIL APPLICATION AND \$70 FEE TO:**  
 (PAYABLE TO "OREGON DMV")  
 DMV RECORDS POLICY UNIT  
 1905 LANA AVE NE  
 SALEM, OR 97314-2250

## General Information and Rules for Account Holders

1. DMV will furnish summary billings only by type of record. If you keep an internal log of your requests you can reconcile your monthly billing.
2. To ensure prompt posting of your payment, enclose the bottom portion of the invoice showing the amount paid with all payments on your account. Make checks or money orders payable to Oregon DMV.
3. Billing is on a thirty (30) day cycle. When an account is sixty (60) days overdue, a temporary hold will be placed on the account until the past due portion is paid.
4. You must notify DMV within one (1) business day of an intended or actual closure of your business or voluntary termination of your account, and within ten (10) working days if your business has a change in ownership, partnership or corporate principal staff officers, contact person, address or any other changes relevant to this account.
5. The contact person you have assigned is the person 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 password will be referred to the contact person you have selected on your application. It is your responsibility to monitor who has access to your account number and password.
6. Protect your password. If you are an employer, provide it only to employees you have authorized to access your account. Please notify DMV immediately if it becomes necessary to change your password. This will prevent unauthorized use and unnecessary charges to your account.
7. If your account has an outstanding balance of \$500 or more for three (3) consecutive months, you will be required to furnish a bond to insure payment. The bond shall be \$1500 or three (3) times the average outstanding monthly balance for the past year, or since the date the account was opened, whichever period is shorter. The bond must be furnished within thirty (30) days of notification.
8. A bond may be required on Record Inquiry Accounts carrying outstanding balances of less than \$100 when DMV becomes aware that the account holder has a poor credit rating, or has been delinquent in paying the account charges for over sixty (60) days, or at least three (3) times since the account was opened.
9. **Misuse of an account may cause you to be subject to criminal prosecution or a civil action. Some examples of misuse are obtaining personal information for your own personal use or using your account for purposes not outlined on your selected certification page.**

## Reasons Why Your Account Can Be Closed

1. **If you do not use your account to order at least one record in a 12-month period, your account will automatically be closed for non-use, after a 30-day notice. A credit balance will not keep the account open, but will be refunded. A \$70 fee will be charged to re-open the account.**
2. If the documentation you provide (such as a business license) expires, is suspended or revoked your account will be closed.
3. 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.
4. You fail to obtain a bond, when required, to insure payment.
5. Your account becomes delinquent in excess of the bond.
6. DMV receives notice that your bond has been canceled or expired.
7. You no longer qualify to receive personal information from DMV records.
8. You fail to notify DMV of a change in qualification status to receive personal information.
9. DMV receives notice of bankruptcy regarding your business.
10. You submit a written request asking DMV to close your account.



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# Attorney

**Required Proof:** You must be a member of the Oregon State Bar and list your bar number below, **or** submit copies of documents that prove you are a licensed attorney by the state in which you practice law.

**I certify that:**

- The applicant is an attorney, and is authorized under ORS 802.179(4) to obtain personal information from motor vehicle records.
- Personal information obtained through this account will be used solely in connection with a civil, criminal, administrative, or arbitration proceeding in a court, government agency, or self-regulatory body.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an attorney listed on this record inquiry account.

NAME OF ATTORNEY (PLEASE PRINT)	BAR NUMBER	OFFICE USE ONLY
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE

735-7121 Attorney (11-02)

STK# 300213



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# Collection Agency

**Required Proof:** You must submit a copy of your current registration certificate issued by the Oregon Department of Consumer and Business Services.

**I certify that:**

- The applicant is a collection agency, and is authorized under ORS 802.179(4) to obtain personal information from motor vehicle records.
- Personal information obtained through this account will be used solely in connection with a civil, criminal, administrative or arbitration proceeding in a court, government agency, or self-regulatory body.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the collection agency requesting this record inquiry account.

NAME OF COLLECTION AGENCY		
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE

735-7121 Collection Agency (11-02)

STK# 300213



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## Financial Institution

**Required Proof:** You must submit a copy of your Membership Charter or your FDIC or NCUA Certificate.

**I certify that:**

- The applicant is a financial institution (i.e., a bank or credit union), and is authorized under ORS 802.179(4) to obtain personal information from motor vehicle records.
- Personal information obtained through this account will be used solely in connection with a civil, criminal, administrative or arbitration proceeding in a court, government agency, or self-regulatory body.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the financial institution requesting this record inquiry account.

NAME OF FINANCIAL INSTITUTION

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Financial Institution (11-02)

STK# 300213



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## Private Investigator

**Required Proof:** You must list your license number issued by the **Oregon** Board of Investigators.

**I certify that:**

- The applicant is a licensed **Oregon** private investigator, and is authorized under ORS 802.179(18) to obtain personal information from motor vehicle records.
- Personal information obtained through the account will be used for one or more of the purposes outlined in ORS 802.179.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the private investigator requesting this record inquiry account.

NAME OF PRIVATE INVESTIGATOR

LICENSE NUMBER

OFFICE USE ONLY

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Private Investigator (11-02)

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## News Media

**Required Proof:** You must 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:**

- The applicant is a representative of the news media, and is authorized under ORS 802.179(14) to obtain personal information from 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.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the news media organization requesting this record inquiry account.

BUSINESS NAME

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

**735-7121 News Media (11-02)**

**STK# 300213**



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## Process Server

**Required Proof:** You must submit both:

- 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, or copy of a license issued by a body that regulates your type of business.

**I certify that:**

- The applicant is a process server, and is authorized under ORS 802.179(4)(b) to obtain personal information from motor vehicle records.
- Personal information obtained through the account will be used solely in connection with an existing civil, criminal, administrative or arbitration proceeding, or a judgment or decree, in any court, government agency or self-regulatory body.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the process server requesting this record inquiry account.

BUSINESS NAME

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

**735-7121 Process Server (11-02)**

**STK# 300213**



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# Private Security Officer

**Required Proof:** You must submit a copy of your certification issued by the Department of Public Safety Standards and Training to prove you have been certified under ORS 181.878 as a Private Security Officer. The certification must show a valid DPSST number.

**I certify that:**

- The applicant is a private security officer, and is authorized under ORS 802.179(8) to obtain personal information from 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 officer, acting within the scope of the officer's employment, exercises control.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.

NAME OF PRIVATE SECURITY OFFICER

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Private Security Officer (11-02)

STK# 300213



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1905 LANA AVE NE, SALEM OREGON 97314

# Legitimate Business

**Required Proof:** You must submit **one of the following:**

- Business License; • Certificate of Existence or Authorization issued by the Secretary of State; • Current copy of a Business Partnership Agreement; • Copy of the business income tax form filed for the latest tax period for which filing was required;
- Certification from the Office of Minority, Women, and Emerging Small Businesses.

**Or submit at least two of the following:**

- Business invoice issued by the business within the last three months; • Current business card; • Copy of a signed contract for work performed within the last six months; • Copy of a current rental, lease or purchase agreement or proof of ownership of the business premises; • Copy of a current rental or lease agreement or receipt of purchase for business equipment; • Copy of a business related loan agreement; • Copy of a current business advertisement.

**I certify that:**

- The applicant is a legitimate business, I am authorized under ORS 802.179(3)(a) to obtain personal information from motor vehicle records.
- Personal information obtained through the account 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.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the legitimate business requesting this record inquiry account.

BUSINESS NAME

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Legitimate Business (11-02)

STK# 300213



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## Insurer or Self-Insured Entity

**Required Proof:** You must submit a copy of **one** of the following:

- your current Certificate of Authority issued by the Insurance Division;
- your current Insurance License issued by the Insurance Division; or
- your 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.

**I certify that:**

- The applicant is an insurer or self-insured entity, and is authorized under ORS 802.179(6) to obtain personal information from motor vehicle records.
- Personal information obtained through this account will be used solely in connection with claims investigation activities, antifraud activities, underwriting, or rating.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the insurer or self-insured entity requesting this record inquiry account.

NAME OF INSURER OR SELF-INSURED ENTITY

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Insurer or Self-Insured (11-02)

STK# 300213



DEPARTMENT OF TRANSPORTATION  
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## Insurance Support Organization

**Required Proof:** You must submit a copy of your current and valid business, professional, occupational, or commercial license issued by a governmental body that regulates your type of business, profession, trade, or commercial activity.

**I certify that:**

- The applicant is an insurance support organization who regularly engages in assembling or collecting information about a natural person for the primary purpose of providing the information to an insurer or insurance agent in connection with claims investigation activities, antifraud activities, underwriting, or rating. I am not an insurer, an insurance agent, a governmental institution, a medical care institution or a medical professional. (OAR 735-010-0008)
- The applicant is an insurance support organization, and is authorized under ORS 802.179(6) to obtain personal information from motor vehicle records.
- Personal information obtained through this account will be used solely in connection with claims investigation activities, antifraud activities, underwriting or rating.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.

NAME OF INSURANCE SUPPORT ORGANIZATION

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Insurance Support Organization (11-02)

STK# 300213



DEPARTMENT OF TRANSPORTATION  
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# Tow Company

**Required Proof:** You must list an Oregon TW plate number for a currently registered tow vehicle that is titled in the same name as the applicant in the space below. 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:**

- The applicant is a tow company, and is authorized under ORS 802.179(7) to obtain personal information from motor vehicle records.
- Personal information obtained through the account will be used solely to give notice when required by the state or federal constitution, a statute or an ordinance to give notice to another person concerning the vehicle.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the tow company requesting this record inquiry account.

BUSINESS NAME	OREGON TW PLATE NUMBER	OFFICE USE ONLY
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE

735-7121 Tow Company (11-02)

STK# 300213



DEPARTMENT OF TRANSPORTATION  
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# 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 that:**

- The applicant is a "Lien Support Organization" which means a person or entity which initiates action on behalf of a person or entity authorized under ORS 802.179(7) to obtain personal information from motor vehicle records.
- Personal information obtained through the account will be used solely 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 will keep records for a period of 5 years that include the customer's authorization for me to act on their behalf in order to give notice concerning a vehicle.
- I will keep records for a period of 5 years that include the vehicle information for every record ordered through this account and for whom it was ordered.
- The records I keep can be accessed by DMV via vehicle plate number, if available, and vehicle identification number for verification purposes. (DMV must be able to retrieve the vehicle information for any record you ordered and you must be able to tell us on whose behalf you were acting when you ordered the record and for what purpose the record was ordered.)
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the Lien Support Organization requesting this account.

BUSINESS NAME		
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE

735-7121 Lien Support (11-02)

STK# 300213



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

# Oregon State Agency

**Required Proof:** Attach your business card.

ATTACH BUSINESS CARD HERE

**I certify that:**

- The applicant is an Oregon state agency, and is authorized under ORS 802.179(1) to obtain personal information from motor vehicle records.
- Personal information obtained through the account will be used solely for carrying out this government agency's governmental functions.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the Oregon state agency requesting this record inquiry account.

NAME OF STATE AGENCY

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Oregon State Agency (11-02)

STK# 300213



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

# Government Agency

**Required Proof:** Attach your business card.

ATTACH BUSINESS CARD HERE

**I certify that:**

- The applicant is a government agency, and is authorized under ORS 802.179(1) to obtain personal information from motor vehicle records.
- Personal information obtained through this account will be used solely for carrying out this government agency's governmental functions.
- I will only resell or redisclose personal information obtained from DMV as authorized under ORS 802.181.
- I will keep records for a period of five years that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person received the information as required under ORS 802.181.
- All of the information contained in this request is true and correct. I understand that if I submit false or misleading, or otherwise deceptive information, this application will not be processed, the account may be closed, and I may be subject to criminal prosecution under state or federal law.
- I am an authorized representative of the government agency requesting this record inquiry account.

NAME OF GOVERNMENT AGENCY

AUTHORIZED SIGNATURE

**X**

TITLE

DATE

735-7121 Government Agency (11-02)

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

# DMV RECORD FEE LIST

All persons who request DMV record information must qualify to receive personal information under ORS 802.175 – 802.191. Personal information is name, address, customer or driver license number and phone number. If you do not qualify to receive personal information under Oregon law, your request and payment will be returned to you.

Following is a list of the most commonly requested records and the related fees as provided by OAR 735-10-030 and 735-10-040. **An administrative fee will be charged on some types of record searches when no record can be found in DMV files.** You may request and pay for the following information by mailing your written request and fee to: DMV Record Services, 1905 Lana Ave NE, Salem OR 97314.

## DRIVER RECORDS

### NON-EMPLOYMENT DRIVING RECORD\* – \$1.50

Certified record includes Oregon accidents, diversion agreements, and convictions other than those in the employment driving record for the last three years. Record may contain some commercial driver license entries, some out-of-state commercial entries, miscellaneous administrative entries and multiple status entries.

### OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD\* – \$1.50

Available **only** to an insurer, insurance support organization and the person (to whom the record pertains) for the purpose of providing a discount to the individual. Contains the same information as a non-employment driving record but is not limited to three years.

### EMPLOYMENT DRIVING RECORD\* – \$2.00

Certified three-year record of Oregon employment-related convictions and accidents and commercial driver license entries. May contain some out-of-state commercial entries, multiple status entries and miscellaneous administrative entries.

### CERTIFIED COURT PRINT\* – \$3.00

Includes convictions for major traffic offenses, commercial driver license entries, diversion agreements and alcohol rehabilitation entries for at least ten years; convictions for minor offenses and accidents for at least five years. Suspensions, cancellations and revocations also are included. May contain miscellaneous administrative entries, multiple status entries and some out-of-state commercial entries. Entries shown on court print may exceed time periods listed due to annual file purge scheduling.

### SUSPENSION PACKAGE\* – \$11.50

Certified copies of suspension documents relating to a particular court proceeding. Package includes certified court print.

### DRIVER LICENSE INFORMATION\* – \$1.50

Includes name, address, license number, date of birth, license type, license issue and expiration dates, original business date, restrictions, endorsements, multiple status entries and ID card expiration date, if applicable. Information may be provided by computer-produced certified print or orally (to account users). **Account holders accessing this information through DAVE are charged \$1.20 even when no record can be found.**

### OREGON TRAFFIC ACCIDENT AND INSURANCE INFORMATION – \$12.50

Copies of an individual's Oregon Traffic Accident and Insurance Report are not available. Information contained in the report, including the identity of the owner, driver, occupants, vehicle registration number and insurance information and the names of witnesses are available to any person involved in the accident, the person's family, or the person's personal representative. Information is provided in letter form. Certified letters are available for \$13.50.

**A Certificate of Filing is available at no charge to those persons who have, or claim to have, filed an Oregon Traffic Accident and Insurance Report with DMV.**

### POLICE TRAFFIC CRASH REPORT – \$8.50

Photocopy of Police Traffic Crash Report of accident that has been filed with DMV.

### DRIVER LICENSE / ID CARD APPLICATION HISTORY – \$17.50

Copies of all original, renewal and duplicate applications for a driver license and/or ID card to the extent that such records have been kept.

### MISCELLANEOUS DRIVER DOCUMENT COPY – \$4.00

Copies of a specific document dealing with a person's driving record, driver license, driving privilege, or non-restricted accident information.

### PURGED INFORMATION – \$1.50

Copies of microfiche containing entries of a person's driving record purged from computer file.

**\* A \$1.50 fee will be charged even when no record can be found.**

## VEHICLE RECORDS

### VEHICLE RECORD PRINT – \$4.00

A certified vehicle record ordered by mail or through DMV's Automated Voice Exchange (D.A.V.E.). Records include vehicle description, registered and security owner information and other related information. **A \$2.50 fee will be charged even when no record can be found.**

### VEHICLE RECORD INFORMATION – \$2.50

This information is given orally, by an operator, to account users. Records include vehicle description, registered and security owner information and other related information. **A \$2.50 fee will be charged even when no record can be found. Account holders accessing this information through DAVE are charged \$2.00 even when no record can be found.**

### PREVIOUS OWNER INFORMATION – \$14.00

Copies of last title transfer transaction showing prior owner and a print showing current owner information.

### VEHICLE TITLE HISTORY – \$22.50

Copies of all title transactions dating back to when the vehicle was first titled in Oregon or to the extent DMV has kept such records.

### INSURANCE INFORMATION SEARCH – \$10.00

A search of the records to identify the insurance company and policy number for a vehicle or individual. Information may be obtained from a vehicle registration renewal or a financial responsibility filing. **NOTE:** The \$10.00 fee is to cover the cost of the **record search** and will be charged whether or not records are found.

### MISCELLANEOUS VEHICLE DOCUMENT – \$4.00

Copies of a specific document dealing with motor vehicle business or information provided from the vehicle purge file.

### ODOMETER INFORMATION SEARCH – \$2.00

A check of the most recent odometer reading provided to DMV. This information may be provided orally (to account users), by computer certified print or copies of documents in DMV files. **A \$2.00 fee will be charged even when no information can be found.**

### ODOMETER PREVIOUS READING SEARCH – \$3.50

A search of DMV records for the most recent odometer reading supplied to DMV, and the one just previous to it. Copies of the documents reflecting the readings will be provided. **A \$3.50 fee will be charged even when no information can be found.**

### ODOMETER HISTORY SEARCH – \$25.00

A search of the vehicle records for all odometer readings provided to DMV on or after January 1, 1986, on a given vehicle. Copies of all previous odometer readings will be provided. **A \$25.00 fee will be charged even when no information can be found.**

### CERTIFICATION – \$1.00

Additional charge to certify any driver or vehicle document when the copy is **not already** CERTIFIED.

A Record Inquiry Account is available for a \$70 fee for business entities that qualify to receive information under ORS 802.175 – 802.191. Each qualified applicant is assigned an account number to be used for identification purposes whenever service is requested. At the beginning of each month, an invoice is mailed summarizing what records were ordered for the previous month. **To obtain information regarding qualifying your entity for an account, call DMV at (503) 945-7950. For information on your billing call ODOT Finance Section at: (503) 986-3960.**

**Account holders may obtain verbal vehicle and driver license information by dialing: (503) 945-5310. All driving records must be ordered through DAVE or submitted by written request. You MUST include your account number in your request.**

Customers who wish to obtain another person's personal information from DMV records without establishing a Record Inquiry Account must submit a new request each time information is requested. This is done by completing a Request for Information Form 735-7122, submitting any required documentation listed on the form that proves you qualify for personal information, and enclosing the record fee. Please call Customer Assistance at (503) 945-5000 with any questions regarding a Request for Information Form.

Address inquires to: **DMV Record Services**  
**1905 Lana Ave NE**  
**Salem OR 97314-2340**

For more information, please visit the DMV website at: **[www.oregondmv.com](http://www.oregondmv.com)**