



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

SALEM OR 97314-2340
1905 LANA AVE NE
DMV SERVICES

★ PRE-ADDRESSED -- FOLD AND MAIL IN STANDARD #10 WINDOW ENVELOPE

REQUEST FOR DRIVING RECORD*

***This form can ONLY be used by DMV account holders. If you do not have a Records Inquiry Account with DMV, please use DMV form titled *Order Your Own Record* (form number 735-7266).**

REQUESTOR'S DMV ACCOUNT NUMBER	DATE OF REQUEST
--------------------------------	-----------------

- | | |
|---|--|
| <input type="checkbox"/> DR NON-EMPLOYMENT DRIVING RECORD = 3 -YEAR RECORD - \$1.50
<input type="checkbox"/> DE EMPLOYMENT DRIVING RECORD = 3 -YEAR RECORD - \$2.00
<input type="checkbox"/> DI DRIVER ADDRESS INFORMATION - \$1.50
<input type="checkbox"/> CP CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION. - \$3.00
<input type="checkbox"/> MQ CERTIFIED COURT PRINT with CDL MEDICAL CERTIFICATION INFORMATION = MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION. - \$3.00 | <input type="checkbox"/> CS SUSPENSION PACKAGE - \$11.50
COURT DATE: _____
<input type="checkbox"/> ARS AUTOMATED REPORTING SYSTEM - \$2.00
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
<input type="checkbox"/> DO OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD - \$1.50
(Only available to insurers and insurance support organizations)
<input type="checkbox"/> PA POLICE TRAFFIC CRASH REPORT RECORD - \$8.50
(For PA Requests see important information below.)
<input type="checkbox"/> OTHER (Specify): _____ |
|---|--|

NOTE: See DMV form # 735-6691 for additional record types

#	ODL / CUSTOMER NUMBER	DATE OF BIRTH (MONTH-DAY-YEAR)	DRIVER'S NAME (LAST, FIRST, MIDDLE)	- FOR SUSP. PACKAGE (CS) ONLY - ARREST DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

An \$8.50 fee will be charged even when the DMV Police Traffic Crash Report can **not** be found. If the information below is not provided, your request will not be processed and returned back to you. For Accident Information Letters, you must attach a statement of representation and how your client was involved.

Requests for police reports regarding automobile accidents must contain the following information:

Date of Accident: _____
County (or nearest city if county unknown): _____
Driver Information (name, date of birth, Oregon license number if available): _____

RETURN INFORMATION BY: MAIL FAX #

ATTENTION
COMPANY
STREET ADDRESS
CITY, STATE, ZIP CODE

COMPANY NAME: _____
 () _____

Please Note: If more than 30 records are requested during one business day, your records will automatically be mailed to the mailing address associated with your account.