



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

TRANSITIONAL OWNERSHIP DOCUMENT (TOD)

This document is for use in perfecting security interests in vehicles. The document:

- a. **May not be used if the primary ownership document (i.e. title, Manufacturer's Certificate of Origin) is available.**
- b. Is not a **negotiable** document and is **not evidence of ownership or right to title.**
- c. Is only valid when in the possession of DMV.
- d. Is only valid if properly completed and **received** by DMV within **30 calendar days** of the date of sale or date of security agreement/contract, along with a \$13.00 fee, and only if DMV receives the primary ownership document within **90 calendar days** of the date of sale or security agreement/contract. (In determining days, do not count the actual day of sale or day the contract was signed.)

Please see reverse for instructions on completing this form. All boxes are required.

SECTION A

1	DATE OF SALE OR DATE SECURITY AGREEMENT/CONTRACT WAS SIGNED	YEAR	MAKE	BODY STYLE
2	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	OREGON TITLE NUMBER	
3	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
4	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
5	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
6	OWNERS RESIDENCE ADDRESS (HOUSE NUMBER, STREET)		CITY, STATE, ZIP CODE	
7	SECURITY INTEREST HOLDER		ODL / CUSTOMER NUMBER	DATE OF BIRTH
8	SECURITY INTEREST HOLDER ADDRESS (STREET, CITY, STATE, ZIP CODE)			
9	SECONDARY SECURITY INTEREST HOLDER/LESSOR		ODL / CUSTOMER NUMBER	DATE OF BIRTH
10	SECONDARY SECURITY INTEREST HOLDER/LESSOR ADDRESS (STREET, CITY, STATE, ZIP CODE)			

SECTION B

I hereby certify that:

- 1. The information on this document is accurate.
- 2. The primary ownership document is **not** in my **possession** and is not available for submission to DMV.
- 3. The primary ownership document is being obtained and I understand that document must be **received** by DMV within **90 calendar days** of the date of sale or security agreement/contract, or this document and any perfection based on this document shall be **invalidated**.

I understand that false certification may invalidate this document for the purpose of perfection of a security interest.

IF BILLING TO DIFFERENT PARTY, NAME OF PARTY BEING BILLED

11	NAME OF BUSINESS OR INDIVIDUAL SUBMITTING DOCUMENT	DEALER NUMBER	TELEPHONE NUMBER
12	SIGNATURE X	TOD ACCOUNT NUMBER	DATE

OFFICE USE ONLY

DLR
 BNK
 FIN
 CRU
 PRI

 DLR
 YES
 NO

ENTRY DATE

RECEIPT DATE

FEE COLLECTED:

\$



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

RECEIPT OF TRANSITIONAL OWNERSHIP DOCUMENT ONLY (NOT VALID AS A TOD)

Instructions:

1. This part is to be used as a receipt. If the document is presented at a local DMV office, a receipt date will be stamped on the document and returned to you.
2. If the document is sent in by mail **TYPE or CLEARLY PRINT** a name and address in the space provided at the bottom of this form, and this part will be returned as a receipt. If the space is not completed with a name and address, a receipt will not be sent to you.
3. "Receipt Requested" and provide your FAX number or email address in the box at the bottom of this page. A receipt will be returned to you by FAX or email.

1	DATE OF SALE OR DATE SECURITY AGREEMENT/CONTRACT WAS SIGNED	YEAR	MAKE	BODY STYLE
2	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	OREGON TITLE NUMBER	
3	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
4	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
5	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
6	OWNERS RESIDENCE ADDRESS (HOUSE NUMBER, STREET)	CITY, STATE, ZIP CODE		
7	SECURITY INTEREST HOLDER		ODL / CUSTOMER NUMBER	DATE OF BIRTH
8	SECURITY INTEREST HOLDER ADDRESS (STREET, CITY, STATE, ZIP CODE)			
9	SECONDARY SECURITY INTEREST HOLDER/LESSOR		ODL / CUSTOMER NUMBER	DATE OF BIRTH
10	SECONDARY SECURITY INTEREST HOLDER/LESSOR ADDRESS (STREET, CITY, STATE, ZIP CODE)			

APPROVED

INVALID

- The TOD was not received within thirty (30) days from the date of sale or from the date the security agreement/contract was signed.
- The vehicle identification number (VIN) on the TOD does not match the VIN on either the primary ownership document or DMV vehicle records.
- The TOD submitted was incomplete.
- Other: _____

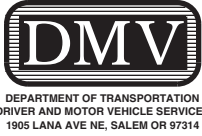
PLEASE MAIL, FAX OR EMAIL RECEIPT TO:

(NAME & ADDRESS, FAX#, OR EMAIL ADDRESS MUST BE TYPED OR CLEARLY PRINTED IN BOX BELOW)

<div style="border: 1px solid black; width: 80%; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 80%; margin: 5px auto;"></div>
--	--

NOT VALID AS A RECEIPT
UNLESS DATE STAMPED BY DMV

RECEIPT DATE



NOTICE OF TRANSITIONAL OWNERSHIP DOCUMENT PREVIOUSLY SUBMITTED (NOT VALID AS A TOD)

SECTION A

**THIS PAGE MUST BE ATTACHED TO THE PRIMARY OWNERSHIP DOCUMENT WHEN
IT IS SUBMITTED TO DMV, EITHER AT A LOCAL DMV OFFICE OR BY MAIL.**

1	DATE OF SALE OR DATE SECURITY AGREEMENT/CONTRACT WAS SIGNED	YEAR	MAKE	BODY STYLE
2	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		OREGON TITLE NUMBER
3	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
4	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
5	NAME OF OWNER		ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH
6	OWNERS RESIDENCE ADDRESS (HOUSE NUMBER, STREET)		CITY, STATE, ZIP CODE	
7	SECURITY INTEREST HOLDER		ODL / CUSTOMER NUMBER	DATE OF BIRTH
8	SECURITY INTEREST HOLDER ADDRESS (STREET, CITY, STATE, ZIP CODE)			
9	SECONDARY SECURITY INTEREST HOLDER/LESSOR		ODL / CUSTOMER NUMBER	DATE OF BIRTH
10	SECONDARY SECURITY INTEREST HOLDER/LESSOR ADDRESS (STREET, CITY, STATE, ZIP CODE)			

SECTION B

REQUEST TO WITHDRAW TOD

Instructions:

1. **Complete this section of the form ONLY when your intention is to have DMV invalidate the TOD.**
2. Deliver this page to a DMV office or mail it to: Oregon DMV Services, Attn: Financial & Accounts Unit - TOD Desk, 1905 Lana Ave NE, Salem OR 97314, or send it by facsimile machine (FAX). The FAX number is (503) 945-5143.
3. The TOD fee will be retained even though the TOD is being withdrawn. The fee cannot be used for another TOD.

I WITHDRAW THE TRANSITIONAL OWNERSHIP DOCUMENT AS NOTED ABOVE. I UNDERSTAND THAT BY WITHDRAWING THE TRANSITIONAL OWNERSHIP DOCUMENT, ANY SECURITY INTEREST PERFECTED ON THE BASIS OF THE DOCUMENT WILL BE INVALIDATED.

PRINTED NAME OF BUSINESS OR INDIVIDUAL WITHDRAWING TOD

SIGNATURE OF PERSON WITHDRAWING TOD

X



**SIGN THIS FORM ONLY WHEN
YOU ARE WITHDRAWING THE TOD**

DATE

OFFICE USE ONLY

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> ORT | <input type="checkbox"/> CAN | <input type="checkbox"/> OTH |
| <input type="checkbox"/> DUP | <input type="checkbox"/> FOR | |
| <input type="checkbox"/> MCO | <input type="checkbox"/> USM | |
| <input type="checkbox"/> OUT | <input type="checkbox"/> OPL | DATE _____ |

INSTRUCTIONS

Page 1 - Transitional Ownership Document (TOD) - SECTION A and B -

1. All applicable areas of TOD form (Lines 1–12) **MUST** be filled in or this document will not be accepted by DMV.
2. Complete the boxes by typing or printing clearly.
3. Record the complete vehicle identification number (VIN). If this is a 2 stage manufactured vehicle, the vehicle identification number **MUST** be the chassis number.
4. The second (Receipt Copy) and third (Transmittal/Withdrawal Copy) pages of this form may not be used for filing an application for notation of a security interest.
5. Send \$13.00 with this document. If the fee is not received, the document will be invalid. If you are submitting the TOD with other title or registration documents, please submit a separate check for any TODS.
6. Take this document to a local DMV office or mail it to Oregon DMV Services, Attn: Financial & Accounts Unit - TOD Desk, 1905 Lana Ave NE, Salem OR 97314, or send it by facsimile machine (FAX). The FAX number is (503) 945-5143. If the TOD is submitted by FAX, a TOD billing account number must be written on the TOD in Section B. For information on obtaining a TOD billing account number, please call Financial & Accounts Unit - TOD Desk, at (503) 945-5144.

Page 2 - Receipt Copy (YELLOW)

1. The second copy of this document is the receipt. A receipt will be provided only if you request one.
2. If you want a receipt, follow one of these instructions:
 - a. If you take the TOD to a local DMV office, leave Page 2 (the receipt) attached. It will be stamped and returned to you.
 - b. If you mail the TOD to DMV, leave Page 2 attached. You **MUST TYPE or CLEARLY PRINT** the name and address you want the receipt mailed to in the box provided.
 - c. If you want a receipt by FAX or email, write "RECEIPT REQUESTED" and provide your FAX number or email address in the box at the bottom of Page 2. A receipt will be returned to you by FAX or email.

Page 3 - PINK COPY

1. **SECTION A** - Notice of TOD Previously Submitted
The third page of this document must be returned to DMV with the primary ownership document. If the third page is unavailable, you **MUST** indicate there is a Transitional Ownership Document on file and also what vehicle identification number (VIN) that document is listed under when you submit the primary ownership document.
2. You also should submit all other paperwork and fees needed along with this part of the form to process the title application.
3. **SECTION B** - Request To Withdraw TOD
The third page also can be used to withdraw an original Transitional Ownership Document.
4. To withdraw the Transitional Ownership Document, sign the statement on Page 3 and either deliver it to a local DMV office or mail it to Oregon DMV Services, Attn: Financial & Accounts Unit - TOD Desk, 1905 Lana Ave NE, Salem OR 97314, or send it by FAX. The FAX number is (503) 945-5143.

If you have any questions, please call the TOD Desk at (503) 945-5144.

Please note: If a TOD is marked as received by DMV and the TOD is invalidated or withdrawn for any reason, the TOD fee submitted will be retained. This fee may not be used to file another TOD.