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

CLEAR FORM

DMV SERVICES
1905 LANA AVE NE
SALEM OR 97314-2340

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

REQUEST FOR DRIVING RECORD*

*** This form can ONLY be used by DMV account holders. Records can also be ordered through DMV's web portal located at: DMV2U.Oregon.gov. If you do not have a Record Inquiry Account with DMV, please use the DMV form titled *Request For Information* (form # 735-7122). If you need to request your own record, please use DMV form titled *Order Your Own Record* (form # 735-7266).**

REQUESTOR'S DMV ACCOUNT NUMBER	DATE OF REQUEST

- ☐ **DR** NON-EMPLOYMENT DRIVING RECORD = 3 -YEAR RECORD - **$1.50**
- ☐ **DE** EMPLOYMENT DRIVING RECORD = 3 -YEAR RECORD - **$2.00**
- ☐ **DI** DRIVER ADDRESS INFORMATION - **$1.50**
- ☐ **CP** CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE **MORE** THAN FIVE YEARS OF RECORD INFORMATION. - **$3.00**
- ☐ **MQ** CERTIFIED COURT PRINT with CDL MEDICAL CERTIFICATION INFORMATION = MAY INCLUDE **MORE** THAN FIVE YEARS OF RECORD INFORMATION. - **$3.00**
- ☐ **CS** SUSPENSION PACKAGE - **$11.50**
  COURT DATE: _____
- ☐ **RP** PURGED DRIVING RECORD - **$1.50**
- ☐ **DO** OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD - **$1.50**
  (Only available to insurers and insurance support organizations)
- ☐ **PA** POLICE TRAFFIC CRASH REPORT RECORD - **$8.50**
  (For PA Requests see important information below.)
- ☐ 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.