



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



SALEM OR 97314
1905 LANA AVE NE
DMV SERVICES

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

REQUEST FOR VEHICLE 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

Check only one type of record request. Please do not combine different types of requests on this form.

VR SEE BELOW: \$4.00

DMV WILL FURNISH a certified vehicle record print which includes registered and legal owner name and address, plate and identification number.

- All vehicles.
 Only vehicles currently registered.

VO PREVIOUS OWNER \$14.00

DMV WILL FURNISH a certified letter containing previous owner information from the last title transaction. **REQUESTOR** must provide specific information such as a vehicle plate number or identification number.

VH HISTORY \$22.50

DMV WILL FURNISH a certified letter containing details of all title transactions dating back to when the vehicle was first titled in Oregon or to the extend DMV has kept such records. **REQUESTOR** must provide specific information such as a vehicle plate number or identification number.

II INSURANCE INFO. \$10.00

DMV WILL FURNISH a certified letter including insurance company and policy information reported to DMV. **REQUESTOR** must provide specific information such as a vehicle plate number or identification number.

OTHER SPECIFY:

VEHICLE PLATE NUMBER / VIN	REGISTERED OWNER NAME(S) (LAST, FIRST, MIDDLE)	BIRTH (MO - DAY - YR)	ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

RETURN INFORMATION BY: MAIL

ATTENTION _____

COMPANY _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

FAX #

COMPANY NAME:

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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.