



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

DMV SERVICES
1905 LANA AVE NE
SALEM OR 97314-2340

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

REQUEST FOR DRIVING RECORD

REQUESTOR'S DMV ACCOUNT NUMBER	DATE OF REQUEST
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- | | |
|---|--|
| <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"/> 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"/> XX 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:

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