



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

REQUESTOR'S DMV ACCOUNT NUMBER	DATE OF REQUEST
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Check only one type of record request. Please do not combine different types of requests on this form.

<input type="checkbox"/> VR SEE BELOW: \$4.00 DMV WILL FURNISH registered and legal owner name and address, plate and identification number. <input type="checkbox"/> All vehicles. <input type="checkbox"/> Only vehicles currently registered.	<input type="checkbox"/> VO PREVIOUS OWNER \$14.00 DMV WILL FURNISH photocopies of last title transaction. REQUESTOR must provide specific information such as a vehicle plate number or identification number. <input type="checkbox"/> CERTIFIED \$1.00	<input type="checkbox"/> VH HISTORY \$22.50 DMV WILL FURNISH current registration information and photocopies of all prior title transactions of the vehicle in Oregon. REQUESTOR must provide specific information such as a vehicle plate number or identification number. <input type="checkbox"/> CERTIFIED \$1.00	<input type="checkbox"/> II INSURANCE INFO. \$10.00 DMV WILL FURNISH photocopy of last Certification of Insurance coverage. REQUESTOR must provide specific information such as a vehicle plate number or identification number. <input type="checkbox"/> CERTIFIED \$1.00 OTHER SPECIFY:
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	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				
15				

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. Title Histories will always be mailed.