



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

# RECORD INQUIRY ACCOUNT APPLICATION

**ACCESS TO DMV RECORDS IS HIGHLY RESTRICTED. IF YOU KNOWINGLY OBTAIN OR USE PERSONAL INFORMATION IN VIOLATION OF ORS 802.175 – ORS 802.191 FROM A MOTOR VEHICLE RECORD, YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION OR A CIVIL ACTION.**

Under Oregon law, only certain entities qualify to receive personal information from DMV records and these entities can only use the information for specific purposes outlined in Oregon’s Record Privacy Law (ORS 802.175 – 802.191). If information is protected, it will not be released unless an entity qualifies to receive the information. As defined in Oregon’s Record Privacy Law, personal information means the following information that identifies an individual:

- Driver License, Driver Permit or Identification Card Number
- Name
- Address
- Telephone Number

## RECORD USE QUESTIONS

Please answer all of the following questions. If any question is left unanswered or incomplete, your application will be returned to you for completion.

**1) – Explain in detail how you intend to use Oregon DMV Records:**

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**2) – Estimate your number of monthly requests:**

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**3) – Will personal information be provided to others?**

YES  NO

If “YES,” to whom? \_\_\_\_\_

If “YES,” how?  INTERNET  TELEPHONE  FAX

**4) – Will record holder be personally contacted?**

YES  NO

If “YES,” why? \_\_\_\_\_

**5) – After you use DMV records as stated in Question #1, do you then intend to resell or redisclose Oregon DMV records?**

YES  NO

If “YES,” to whom? \_\_\_\_\_

If “YES,” for what purpose? \_\_\_\_\_

***Please note that anyone you resell or redisclose personal information to AFTER you have used the record must come directly to DMV to be authorized to receive the personal information pursuant to ORS 802.181. If you do not comply with this requirement and you resell or redisclose personal information to someone who has not been authorized by DMV to receive it, your account will be closed. Please contact DMV at (503) 945-8906 or (503) 945-8905 if you have any questions about this requirement.***

**6) – How will you ensure Oregon DMV records are not accessed or provided to unauthorized parties?**

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**7) – Who in your business will have access to Oregon DMV records?**

**8) – What time of day will Oregon DMV records be utilized?**

- NORMAL BUSINESS HOURS (8 am – 5 pm)  
 AFTER HOURS (5 pm – 8 am)

**9) – Have you, your partners, any corporate officer, or the business previously applied for, had, or has an account with Oregon DMV?**

YES  NO

If “YES,” under what Name? \_\_\_\_\_

If “YES,” under what Account Number? \_\_\_\_\_

If “YES,” When? \_\_\_\_\_

**10) – My website address is:**

**CIVIL AND CRIMINAL PENALTIES FOR MISUSE OF DMV INFORMATION**

- (1) I understand if the information is misused and/or if personal information is obtained or re-disclosed improperly that I may be subject to criminal prosecution or a civil action and the account will be closed.
- (2) ORS 802.189 is the criminal penalty for violation of ORS 802.175 – 802.187.
- Knowingly obtaining or using personal information from a motor vehicle record in violation of ORS 802.175 – 802.187 is a Class A misdemeanor.
- (3) ORS 802.191 is the civil action for violation of ORS 802.175 – 802.187.
- A person aggrieved by an intentional violation of ORS 802.175 – 802.187 may bring an action at law against a person who has knowingly obtained or used personal information about the aggrieved person in violation of ORS 802.175 – 802.187. The action shall be for actual damages or \$2,500, whichever is greater, plus attorney fees and court costs reasonably incurred in the action.
  - A person aggrieved by a violation of ORS 802.175 – 802.187, a District Attorney or the Attorney General may obtain appropriate relief to enforce ORS 802.175 – 802.187, together with attorney fees and costs reasonably incurred in an action for relief.
  - Any person whose use or obtaining of personal information in violation of ORS 802.175 – 802.187 subjects the State of Oregon to any liability or claim shall indemnify and hold harmless this state from all such liability and any claims, including attorney fees and court costs, incurred in any proceeding arising under ORS 802.175 – 802.187.

**I certify I have read and understand the privacy rules and regulations as stated in this application, all of the information I have provided is true and correct, and the information obtained will be used only for the purpose stated above in accordance with Oregon law.**

|                                 |               |
|---------------------------------|---------------|
| APPLICANT NAME (PRINTED)        | TITLE         |
| APPLICANT SIGNATURE<br><b>X</b> | BUSINESS NAME |



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# BUSINESS CONTACT INFORMATION

## ▼ FOR AGENCY USE ONLY ▼

|                |  |  |      |
|----------------|--|--|------|
| ACCOUNT NUMBER |  |  |      |
| ACCOUNT TYPE   |  |  |      |
| DATE OPENED    |  |  |      |
| REASON CLOSED  |  |  |      |
| RECEIVED       |  |  |      |
| RETURNED       |  |  |      |
| APPROVED BY    |  |  | DATE |
| REOPENED       |  |  | DATE |

### A. IDENTIFICATION NUMBERS

FEDERAL EMPLOYER ID NUMBER: \_\_\_\_\_

OR

OREGON DRIVER LICENSE NUMBER: \_\_\_\_\_

AND

SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

*\* I am providing my Social Security Number on a voluntary basis. I understand that I cannot be compelled to provide it or be denied consideration solely for the failure to provide it. It may be used to verify my identification, credit and employment information, and be used for collection purposes.*

### B. NAME, ADDRESS, AND TELEPHONE NUMBER

|  |  |                   |                |
|--|--|-------------------|----------------|
| COMPANY NAME                                       |  |                   |                |
| CONTACT PERSON                                     |  | TITLE             |                |
| MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS) |  | CITY              | STATE ZIP CODE |
| STREET ADDRESS                                     |  | CITY              | STATE ZIP CODE |
| TYPE OF BUSINESS                                   |  |                   |                |
| TELEPHONE NUMBER (AND EXT. IF ANY)<br>( )          |  | FAX NUMBER<br>( ) |                |
| CONTACT PERSON E-MAIL ADDRESS                      |  |                   |                |

### C. AUTOMATED REPORTING SERVICE

**ARS** I WANT THE AUTOMATED REPORTING SERVICE (ARS) FOR MY DRIVERS.  
For more information call: 503 945-5427.

|                                    |       |   |
|------------------------------------|-------|---|
| NAME OF APPLICANT (PRINTED)        | TITLE | TELEPHONE NUMBER (AND EXT. IF ANY)<br>( ) |
| SIGNATURE OF APPLICANT<br><b>X</b> |       | DATE                                      |

**A FEE OF \$70 MUST ACCOMPANY THIS APPLICATION.  
IF APPLICATION IS DENIED, THE FEE WILL BE RETURNED.**

**MAIL APPLICATION, BUSINESS  
CONTACT INFORMATION,  
CERTIFICATION STATEMENT AND  
\$70 TO:  
(PAYABLE TO "OREGON DMV")**

**Oregon DMV  
Records Policy Unit  
1905 Lana Ave NE  
Salem OR 97314-2250**

If you have questions please e-mail:  
**odotdmvrecordspol@odot.state.or.us**  
or call (503) 945-7950



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# CERTIFICATION STATEMENT

**ENTITY TYPE** (Check the box next to the entity you are requesting information under and certifying to.)

**Attorney** - If you are a member of the Oregon State Bar, submit your bar number \_\_\_\_\_. If you are a licensed attorney in a state other than Oregon, submit your state bar number \_\_\_\_\_ and copies of documents that prove you are a licensed attorney by the state in which you practice law.

**Collection Agency** - Submit a copy of your current registration certificate issued by the Oregon Department of Consumer and Business Services.

**Financial Institution** - Submit a copy of your membership charter or your FDIC or NCUA insurance certificate.

*I certify that I am an attorney, collection agency, or financial institution authorized under ORS 802.179 (4) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in connection with a civil, criminal, administrative or arbitration proceeding in any court, government agency, or self-regulatory body.*

**Government Agency** - Submit your business card.

*I certify that I am a government agency authorized under ORS 802.179 (1) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely for carrying out this government agency's governmental functions.*

**Private Investigator** - Submit your license number \_\_\_\_\_ issued by the Oregon Department of Public Safety Standards and Training.

*I certify that I am a licensed Oregon private investigator authorized under ORS 802.179 (18) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used for one or more of the purposes outlined in ORS 802.179.*

**Process Server** - 1) An attachment (such as an advertising brochure) as proof that you are a process server or a process serving organization, **and** 2) Proof that you are a legitimate business, such as a copy of your business license.

*I certify that I am a process server authorized under ORS 802.179(4)(b) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in connection with serving a process for an existing civil, criminal, administrative or arbitration proceeding, or a judgment, in any court, government agency or self-regulatory body.*

**Insurer or Self-Insured Entity** - Submit a copy of your current Certificate of Authority issued by the Insurance Division; a copy of your current Insurance License issued by the Insurance Division; or a copy of the self-insured employer's certificate provided by the Department of Consumer and Business Services or similar certification as required by the state in which the employer is located.

**Insurance Support Organization** - Submit a copy of your current and valid business, professional, occupational, or commercial license issued by a governmental body that regulates that type of business, profession, trade, or commercial activity. Also, **submit each of the following:** 1) A current sampling of your insurance customers, a contact name from each company and their telephone number; 2) Copy of an advertisement that shows your type of business; and 3) Letter of explanation describing your business.

*I certify I am an Insurer, Self-Insured Entity, or Insurance Support Organization authorized under ORS 802.179 (6) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in connection with claims investigation activities, anti-fraud activities, underwriting, or rating.*

**Legitimate Business submit:**

**(1) One of the following:** • (a) A current and valid business, professional, occupational or commercial license issued by a governmental body that regulates that type of business, profession, trade or commercial activity. **If you are an automobile dealer, you must submit a copy of your valid dealer certificate;** • (b) A Certificate of Existence or Authorization issued by the Secretary of State under ORS 60.027, 62.065, 63.027, or 65.027; • (c) A current copy of the Articles of Incorporation or Articles of Organization, including proof that they have been filed with the Secretary of State, or if a foreign corporation or foreign limited liability company, proof that it has been authorized by the Secretary of State to transact business in Oregon or that it has been formed in accordance with the laws of the jurisdiction in which it is incorporated or organized; • (d) A current copy of the business Partnership Agreement; • (e) A copy of the business income tax form filed for the latest tax period for which filing was required; • (f) A certification from the Office of Minority, Women and Emerging Small Businesses or similar governmental organization;

**OR**

**(2) At least two of the following:** • (a) A business invoice issued by the business within the last three months showing the sale of a product or service the business provides; • (b) A current business card; • (c) A resume of work completed or products sold within the last three months, with names and phone numbers of customers who may be contacted for verification; • (d) A copy of a signed contract for work performed within the last six months; • (e) A copy of a current rental, lease or purchase agreement for the business premises, or proof of ownership of the business premises; • (f) A copy of a current rental or lease agreement for business equipment or a receipt or purchase agreement showing the purchase of business equipment. "Business equipment" means equipment necessary for the business to manufacture or provide a product or deliver a service and includes such things as a computer, photocopier, business vehicle, cash register, etc; • (g) A copy of a business related loan agreement; • (h) A copy of or reference to a current business advertisement, including but not limited to the yellow pages, newspaper, television or other media of general circulation. If DMV is unable to verify the advertisement, documentation of the advertisement may be required.

*I certify that I am a legitimate business authorized under ORS 802.179(3) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely in the normal course of business for:*

- A. Verifying the accuracy of personal information submitted to the business: or**
- B. Correcting personal information submitted to the business, but only in order to:**
  - 1. Prevent fraud;**
  - 2. Pursue legal remedies against the individual who submitted the personal information; or**
  - 3. Recover a debt from, or satisfy a security interest against, the individual.**

**Note: You may not act as a third party to provide information to others. You must be the end user of the information.**

**Tow Company** - Provide a Oregon TW plate number \_\_\_\_\_ for a currently registered tow vehicle that is titled in the same name as the applicant. **For out of state companies**, submit a copy of a current registration from one of your vehicles that has your company name on it.

*I certify that I am a tow company authorized under ORS 802.179 (7) to obtain personal information from DMV motor vehicle records. Personal information obtained will be used solely to give notice to another person concerning the vehicle when required by the state or federal Constitution, a statute, or an ordinance.*

**Private Security Professional** - Submit a copy of your certification issued by the Department of Public Safety Standards and Training. The certificate must show a valid DPSST number certified under ORS 181.878.

*I certify that I am a private security professional authorized under ORS 802.179 (8) to obtain personal information from DMV motor vehicle records. Personal information obtained through the account will be used solely for the purpose of determining ownership of vehicles parked in a place over which the private security professional, acting within the scope of the professional's employment, exercises control.*

**News Media** - Submit one of the following: (1) A letter from the news media organization you represent confirming your representation of the organization; (2) a copy of your contract with a news media organization; or (3) for radio or television organizations, a copy of the valid FCC license for the organization you represent.

*I certify that I am a representative of the news media, and authorized under ORS 802.179 (14) to obtain personal information from DMV motor vehicle records. Personal information obtained through the account will be used solely for the gathering or dissemination of information related to the operation of a motor vehicle or to public safety.*

**I certify:**

- The record information obtained from DMV will be used only for the purposes stated under the entity selected.
- **That we may not act as a third party on behalf of any other business or individual to obtain personal information.**
- We will only resell or redisclose personal information obtained from DMV as authorized by ORS 802.181. If you do not comply with this requirement and you resell or redisclose personal information to someone who has not been authorized by DMV to receive it, your account may be closed and you may be subject to civil and criminal penalties.
- That if we knowingly obtain or use personal information in violation of ORS 802.175 - ORS 802.191, we may be subject to criminal prosecution or a civil action.
- We will notify DMV within ten (10) business days if the business has a change in ownership, signatory person, contact person, address or any other changes relevant to this account.
- We will keep records for a period of five (5) years (with the exception of news media) that identify each person who receives the personal information I resell or redisclose and the permitted purpose for which the person receives the information as required under ORS 802.181.
- All the information contained in this request is true and correct. I understand that if I submit false, misleading, or otherwise deceptive information, this application will not be processed or the account may be closed.

APPLICANT NAME (PRINTED)

APPLICANT SIGNATURE

**X**

DATE



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# RESALE OR REDISCLOSURE OF DMV RECORDS CERTIFICATION

**IMPORTANT NOTICE – PLEASE READ, SIGN, AND RETURN.  
FAILURE TO COMPLETE WILL RESULT IN YOUR APPLICATION  
MATERIALS BEING RETURNED.**

Per ORS 802.181 you only may resell or redisclose personal information (Driver License, Driver Permit or Identification Card Number, Name, Address and Telephone Number) to a person or government agency authorized to receive it by Oregon DMV. What this means is that anyone you resell or redisclose personal information to **after** you have used it must first come directly to Oregon DMV to be authorized to receive the information. The person will do this by contacting DMV Records Policy and filling out necessary qualification paperwork and providing proof of identity.

**For Example:** You are an attorney, insurance company, or other business who obtains personal information for a specific purpose which may involve sharing it or disclosing it to others as part of your use. If you wish to resell or redisclose personal information **after** you are done using it, you may only do so to someone who is allowed under the law to receive it. The person you are selling the information to must first come directly to Oregon DMV Records Policy to be authorized to receive it prior to you reselling or redisclosing.

**This form is to be signed by the authorized representative of your business.**

If you have any questions, please contact DMV Records Policy at (503) 945-8906 or (503) 945-8905.

I certify I have read and understand the above information.

|                       |                         |
|-----------------------|-------------------------|
| COMPANY               | PHONE NUMBER<br>(     ) |
| NAME (PLEASE PRINT)   |                         |
| SIGNATURE<br><b>X</b> | DATE                    |