



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

REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

ACCOUNT #

INSTRUCTIONS:

- 1 Use this form to receive a file check of the NDR if you are: • An employee employed as a driver or a prospective employee hoping for employment as a driver; • Employers of drivers or prospective drivers; • A third party acting as an agent of the employer.
- 2 There is a \$1.50 charge for making an inquiry of the National Driver Register (NDR) for an employee, or prospective employee. Make checks payable to DMV.
- 3 Completely fill out all portions of this form.
- 4 You must sign and mail this form to: **DMV Headquarters, 1905 Lana Avenue NE, Salem OR 97314.**
- 5 Pursuant to Section 502 of the Pilot Records Improvement Act of 1996, if you are seeking employment with an air carrier as a pilot, this serves as notice of a request for NDR information concerning your driving record and your right to a copy of such information.
- 6 This file check of the NDR will result in a printed report which will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does not contain a record matching your identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to you.

CURRENT OR PROSPECTIVE EMPLOYER TO RECEIVE THE NDR SEARCH RESULTS

EMPLOYER OR AGENCY NAME

Driver Employer Railroad Company Air Carrier

TO THE SPECIFIC ATTENTION OF:

BUSINESS TELEPHONE

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MAILING ADDRESS: NUMBER AND STREET

CITY, STATE AND ZIP CODE

TYPE OR PRINT PLAINLY ● DMV CANNOT PROCESS INQUIRIES THAT CANNOT BE READ

DRIVER'S (EMPLOYEE OR PROSPECTIVE EMPLOYEE) FULL LEGAL NAME (FIRST, MIDDLE, AND LAST)

OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)

MAILING ADDRESS: NUMBER AND STREET WITH APARTMENT OR RURAL ROUTE/CARRIER & BOX NUMBER

CITY, STATE AND ZIP CODE

DRIVER LICENSE NUMBER AND STATE

DATE OF BIRTH (MONTH - DAY - YEAR)

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form.

DRIVER'S SIGNATURE (EMPLOYEE OR PROSPECTIVE EMPLOYEE)

DATE

X

Notary Required

Subscribed and sworn before me this

_____ day of _____ 20_____

NOTARY

X

SIGNATURE OF NOTARY PUBLIC