



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

REQUEST FOR MOTOR CARRIER REQUIRED DRIVING RECORDS

You must have a DMV Record Inquiry Account to use this form. Your D.O.T. number is not a valid account number for ordering DMV records.* If you do not have a DMV record inquiry account please see the note below.

Company Name: _____
PRINT NAME

DMV Account #: _____

AUTHORIZATION TO RELEASE EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Oregon Driver License Number: _____

Driver Name: _____ Date of Birth: _____
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410.

Please mail to: _____
COMPANY NAME

COMPANY ADDRESS

or: FAX to: _____
COMPANY FAX NUMBER

Signature of Driver: **X** _____ Date: _____

A complete driving history and a three year employment driving record with any drug test result information will be provided by submitting this form. Your account will be charged \$5.00.

* If you do not have a DMV Record Inquiry Account, you may use Form 735-7195 *Affidavit to Authorize the Release of Employment Driving Record With Drug Test Result Information* and Form 735-7122 *Request for Information*, to order the Certified Court Print driving record.

MAIL OR FAX REQUEST TO: DMV RECORD SERVICES
1905 LANA AVE NE
SALEM OR 97314

FAX NUMBER: 503-945-5425

Please call Record Services at 503-945-5475 with questions regarding this form.

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950