



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

REQUEST FOR INFORMATION

PRIVACY RULES & REGULATIONS

ACCESS TO DMV RECORDS IS HIGHLY RESTRICTED. YOU NEED TO BE AWARE 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 – 192.505). If information is protected under one of these laws, it will not be released unless a requestor 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**

I have read and understand the information stated above and I understand I may be subject to criminal and civil penalties if I misuse personal information from Oregon DMV records.

REQUESTOR'S PRINTED NAME

REQUESTOR'S SIGNATURE

X

DATE

INSTRUCTIONS:

- **Section A.** - Fill out the name and address fields in full.
- **Section B.** - You must include enough vehicle and/or driver information for DMV to locate the record.
- **Section C.** - List the type of record you are requesting.
- **Section D.** - Describe clearly how you intend to utilize DMV records(s).
- **Section E.** - Check the box next to the type of entity you are requesting information and certifying under, and sign the bottom of the next page. Provide any required documentation.

SECTION A. - REQUESTER INFORMATION

NAME OF INDIVIDUAL, FIRM OR TRADE NAME	BUSINESS TELEPHONE # (INCLUDE EXT. IF ANY) ()	FAX NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE

SECTION B. - VEHICLE / DRIVER INFO: (For multiple inquires attach a separate sheet of paper with this information.)

PLATE NUMBER	VIN NUMBER	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM / DD / YYYY)	
NAME				
ADDRESS	CITY	STATE	ZIP CODE	

SECTION C. - TYPE OF RECORD REQUESTED

SECTION D. - EXPLAIN HOW DMV RECORD(S) WILL BE UTILIZED

SECTION D. - INTENDED USE (Continued from previous page.)

- 1) Will personal information be provided to others? YES NO
- If "YES," to whom? _____
 - If "YES," how? BY INTERNET BY TELEPHONE BY FAX
- 2) After you use DMV records as stated in Question #1, do you then intend to resell or redisclose Oregon DMV records?
- If "YES," to whom? _____
 - If "YES," for what purpose? _____
- 3) How will you ensure Oregon DMV records are not accessed by unauthorized parties?
- _____
- _____
- _____
- 4) Who in your business will have access to Oregon DMV records?
- _____
- _____
- 5) My website address is: _____

SECTION E. - 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 # _____ or 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 I obtain will be used solely in connection with a civil, criminal, administrative or arbitration proceeding in a 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 I obtain will be used solely for carrying out this government agency's governmental functions.
- Private Investigator** - Submit your license number # _____ issued by the 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 I obtain will be used for one or more of the purposes outlined in ORS 802.179.
- Process Server** - Submit copies of the documents or materials you are serving and proof that you are over 18 years old (e.g.; copy of your driver license, birth certificate, etc).
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 I obtain will be used solely in connection with an existing civil, criminal, administrative or arbitration proceeding, or a judgment or decree, in any court, government agency or self-regulatory body.

SECTION E. - INTENDED USE (Continued from previous page.)

- Insurer or Self-Insured Entity** - Submit a copy of your current Certificate of Authority issued by the Insurance Division; or submit a copy of your current Insurance License issued by the Insurance Division; or submit 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. And **each of the following:** 1) Current list of your insurance customers, a contact name from the company and their telephone number; 2) Copy of an advertisement that shows your type of business; 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 I obtain will be used solely in connection with claims investigation activities, anti-fraud activities, underwriting, or rating.

- Legitimate Business - Submit one of the following:** • A Business License. • A Certificate of Existence or Authorization issued by the Secretary of State; • A current copy of a Business Partnership Agreement; • A copy of the business income tax form filed for the latest tax period for which filing was required; • A certification from the Office of Minority, Women, and Emerging Small Businesses.

Or at least two of the following: • A business invoice issued by the business within the last three months. • A current business card; • A copy of a signed contract for work performed within the last six months; • A copy of a current rental, lease or purchase agreement or proof of ownership of the business premises; • A copy of a current rental or lease agreement or receipt of purchase for business equipment; • A copy of a business related loan agreement; • A copy of a current business advertisement.

I certify that I am a legitimate business authorized under ORS 802.179(3)(a) to obtain personal information from DMV motor vehicle records. Personal information I obtain 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.

- Tow Company** - List an 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 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 I obtain 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.

I certify:

- The information above is true and correct to the best of my knowledge.
- The record information I obtain from DMV will be used only for the purposes stated under the entity I have selected.
- **I understand that I may not act as a third party on behalf of any other business or individual to obtain personal information.**
- **I understand that I 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, future requests for records will be denied and you will be subject to civil and criminal penalties. Please contact DMV at (503) 945-8906 if you have any questions about this requirement.**
- I understand that if I knowingly obtain or use personal information in violation of ORS 802.175 - ORS 802.191, I may be subject to criminal prosecution or a civil action.
- I am an authorized representative of entity requesting information.

SIGNATURE OF REQUESTER X	TITLE OF REQUESTER	DATE
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Send the completed form, required documentation, and fee to:
(A check or money order payable to "Oregon DMV"). For a list of DMV record types and fees, see Form 6691.

**DMV Record Services
1905 Lana Avenue NE
Salem, OR 97314-2250**

For more information see our website at:
www.oregondmv.com or call (503) 945-5475.