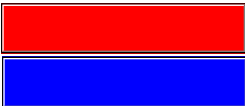




ACCOUNT HOLDER REQUEST FOR COMPLETE DRIVING HISTORY (MC)



INCLUDES CDL MEDICAL INFORMATION AND DRUG TEST INFORMATION

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 Record Inquiry 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 and Chapter 163, Oregon Laws 2013.

PLEASE
mail to: _____
COMPANY NAME

COMPANY ADDRESS

OR
FAX to: _____
COMPANY FAX NUMBER

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

A complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with drug test result information will be provided by submitting this form. Your account will be charged \$5.00. Positive drug test result information will only appear on the employment driving record if it was added before August 1, 2021.

* If you do not have a DMV Record Inquiry Account, you **must** use Form 735-7195 *Request for Complete Driver History*, to order a complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with drug test result information.

MAIL OR FAX REQUEST TO: DMV Record Services
1905 Lana Ave NE
Salem OR 97314

FAX NUMBER: 503-588-0155 or 503-588-0156

Please call Record Services at 503-945-5308 with questions regarding this form or email
DMVRecordServices@odot.oregon.gov

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950 or email Records Policy at ODOTDMVRecordsPol@odot.oregon.gov