DMV

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

INSURANCE VERIFICATION RESPONSE FORM (F/F MIC)

CUSTOMER NAME (LAST, FIRST, M.I.)		DRIVER NUMBER	VEHICLE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER (VIN)	INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER	

Vehicle Sold?

☐ YES* ☐ NO

(*If "Yes," please complete boxes to the right)

DATE SOLD	BUYER NAME

Vehicle Registered Out-of-State?

☐ YES* ☐ NO

(*If "Yes," please complete boxes to the right)

DATE	STATE

Provide specific details why vehicle was without liability coverage on date of notice:

SIGNATURE	DATE
X	

DMV USE ONLY

DATE STAMP:

TSR INITIALS: _____

FAX to: Accident Unit (503) 945-5267

or

Mail to: Insurance Verification Unit
DMV
1905 Lana Ave NE
Salem OR 97314

From:

_____