

DEALER NOTICE OF VEHICLE PURCHASE

INSTRUCTIONS:

- Submit this form **ONLY** for Oregon titled vehicles. **DO NOT** submit this form if the vehicle is titled in another jurisdiction.
- Complete this form immediately after the purchase or transfer of interest of an **Oregon titled vehicle**.
- The Vehicle Identification Number (VIN) MUST be complete and correct.
- If you fail to provide accurate, legible and complete information, DMV will not be able to update the vehicle record and you will not be in compliance with ORS 803.092(2)(b) and 803.105(1)(b).
- Mail the white copy to DMV Record Services, 1905 Lana Ave NE, Salem OR 97314-2250.

OREGON PLATE NUMBER:			
VEHICLE IDENTIFICATION NUMBE	R (VIN) (MUST BE COMPLETE)		
OREGON TITLE NUMBER	YEAR	MAKE	BODY STYLE
DATE OF PURCHASE			
NAME or ODL/CUSTOMER NUMBER	R OF PERSON or BUSINESS VEH	HICLE PURCHASED FROI	М
▼ DEALER IN	FORMATION	MUST BE C	OMPLETE ▼
DEALER NUMBER	FEDERAL EMPLOYER IDENT	IFICATION NUMBER DATE	SUBMITTED TO DMV
DEALER NAME			
DEALER ADDRESS			
CITY			ZIP CODE
735-165 (4 21)			STK# 300092

DMV COPY DEALER COPY