



VEHICLE APPRAISER CERTIFICATE APPLICATION

Submit completed application to:
DMV BUSINESS LICENSING UNIT
1905 LANA AVE NE
SALEM OR 97314
Telephone: (503) 945-5052

OFFICE
USE ONLY

CERTIFICATE NUMBER

EXPIRATION DATE

FEE: \$100

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DRIVER LICENSE NUMBER	STATE OF ISSUANCE	FEDERAL EMPLOYER ID NUMBER	☐ ORIGINAL APPLICATION	☐ RENEWAL APPLICATION
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NAME OF APPLICANT	DATE OF BIRTH	EMAIL
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ADDRESS OF APPLICANT	CITY	STATE	ZIP CODE	COUNTY
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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NAME OF BUSINESS OR GOVERNMENT AGENCY	OREGON REGISTRY NUMBER	BUSINESS PHONE
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ADDRESS OF BUSINESS OR GOVERNMENT AGENCY	CITY	STATE	ZIP CODE	COUNTY
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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If this is an **ORIGINAL** application, you must provide proof such as a letter from a current or previous employer showing that you have at least two (2) years of experience appraising vehicles. You cannot self-certify. Letters or documents from employers or businesses must include the provider's contact information.

DMV will accept a combination of the following appraisal experience areas:

1. For a vehicle appraiser business
2. For a new or used car business
3. For a tow business
4. For an insurance company
5. For a vehicle body repair business
6. For a law enforcement agency or any other state or local jurisdiction
7. In the operation or employment of a certified vehicle dismantler business

Attach required proof of experience.

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If this is a **RENEWAL** application, no proof of experience is required.

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Attach (staple) copy of Applicant's valid government photo ID. If the residence address on the photo ID is different than the address of applicant on Line 3, submit a statement explaining why the addresses do not match.

CERTIFICATION: I certify all the information on this application is true and correct, False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$2,500 or both. In addition, DMV may deny, suspend or refuse to renew your certificate under the provisions of ORS 183.430.

APPLICATION MUST BE SIGNED AND DATED.

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SIGNATURE OF APPLICANT	DATE
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