



# Driver's Licence Abstract Request

DO NOT WRITE ABOVE LINE

Return abstract by:

Mail

Fax 1-800-699-5052  
FAX NUMBER

Email \_\_\_\_\_  
EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

<b>Search fee enclosed \$</b>	<b>OR Search fee account no:</b>	
NAME OF COMPANY Dynacare Insurance Solutions		
MAILING ADDRESS STREET / PO BOX / RR# 2550 Victoria park Avenue, 3rd floor		
CITY / PROVINCE / STATE Toronto, ON M2J5A9		POSTAL CODE / ZIP CODE

If you wish to charge the Search Fee to Visa or MasterCard, please include the information below:

Credit Card Number	Expiry Date	Name as it appears on Credit Card
_____	____/____	_____

Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1	COMPANY NUMBER 5
COMPANY NUMBER 2	COMPANY NUMBER 6
COMPANY NUMBER 3	COMPANY NUMBER 7
COMPANY NUMBER 4	COMPANY NUMBER 8

## Driver information

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Name of Driver: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET / PO BOX / RR # CITY/PROVINCE/STATE POSTAL CODE / ZIP CODE

Date of Birth: \_\_\_\_\_ Driver's Licence Number: \_\_\_\_\_  
YEAR MONTH DAY

Signature of Driver \_\_\_\_\_ Date of Request: \_\_\_\_\_  
YEAR MONTH DAY