

DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licensing, in the Province of Manitoba to release my driver record abstract to:

(Name of Company/Individual)

(and if applicable) through its representative:

Dynacare Insurance Solutions (Fax 1-800-699-5052)

(Authorized Agent/Individual)

Driver's Name:

(Print Name in Full)

(Last)

(First)

Licence Number:

Date of Birth:

(Print in Full)

(Year/Month/Day)

*A photocopy of this signed authorization shall have the same authority as the original.

Signature: _____

Date: _____