

DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Department of Transportation, in the Northwest Territories, 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: _____