

DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Department of Transportation, in the Nunavut, to release my driver record abstract to:

ivari

(Name of Company/Individual)

(and if applicable) through its representative:

Hooper-Holmes Canada Limited (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: _____



**Hooper-Holmes Canada Ltd
Head Office/Inspection Dept
1059 McNicoll Avenue
Toronto, Ontario M1W 3W6
Tel #1-800-313-8977**

Applicant's Name
Applicant's Address

RE: Driver's Abstract Request for ivari

Dear,

In connection with your recent application for life insurance, **ivari** has requested us to obtain your driver's abstract as part of their underwriting process.

In order for us to obtain this information, the Government of Nunavut (Department of Transportation) requires your authorization signature. Please sign the enclosed forms with a copy of your Driver's License Card (both sides, light copy) and return it to us as quickly as possible. Please fill out the Driver's Abstract section.

Once completed please either mail them to us or fax them to 1-800-699-5052 or email to **inspections@hooperholmes.ca** . If you have any questions, please do not hesitate to contact us at 1-800-313-8977

Regards,

Angela Kwok
Inspection Department
Hooper Holmes Canada



Motor Vehicles Division
 Dept. of Economic Development & Transportation
 P.O. Box 1000 Station 1575
 Iqaluit, NU X0A 0H0
 Phone: (867) 975-7841 Fax: (867) 975-7820

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REPORT REQUESTS

DRIVER'S ABSTRACTS / SEARCHES / ACCIDENT REPORTS

Please indicate which information you are requesting; if you are not picking up or arranging for delivery of the form to yourself, please submit a separate signed letter authorizing the release of the information that you are requesting!

Date of Request:	
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DRIVER'S ABSTRACTS / SEARCHES	
Name (first, last)	
Date of Birth (dd/mm/yy)	
Driver's Licence Number	
PLATE NUMBER	n/a
VALTAG NUMBER	n/a
V.I.N. NUMBER	n/a
OTHER	n/a
Signature	

ACCIDENT REPORTS	
File Number	
Date of Accident (dd/mm/yy)	
Parties Involved	
VALTAG NUMBER	
Signature	

Authorization to Release of Information			
Send report to myself	<input type="checkbox"/>	Yes	<input type="checkbox"/>
I hereby authorize the Motor Vehicles Division to send this report to:			
Name			
Address			
Signature			
TO BE FILLED OUT BY MOTOR VEHICLES OR AGENT			
Requested by:			
Date:			
Company Name:			
Signature of Issuer:			
Interim Receipt #:		Amount:	
Issued by:			