

DRIVER ABSTRACT REQUEST FORM

DRIVER INFORMATION		
Name: _____ <small style="display: flex; justify-content: space-between;">Last NameFirst NameMiddle Initial</small>		
Yukon Driver's Licence No. (if known): _____		Date of Birth: _____ <small>yyyy/mm/dd</small>
Phone Number: _____		
DELIVERY INSTRUCTIONS		
Mailing Address: <u>Dynacare Insurance Solutions</u> <small style="text-align: center;">Street Address</small>		
<small>City</small>	<small>Province/Territory</small>	<small>Postal Code</small>
Fax Number: (<u>800</u>) <u>699-5052</u>		E-mail Address: _____
DRIVER ABSTRACTS		
Driver Abstracts are issued in 3 stages (3 year, 5 year and life). Most insurance companies require a 5 year abstract. <i>Unless otherwise stated a 5 year abstract will be issued.</i>		
<input type="checkbox"/> 3 year <input type="checkbox"/> 5 year <input type="checkbox"/> life		
PAYMENTS PLEASE DO NOT E-MAIL CREDIT CARD INFORMATION		
<p>There is a \$10.00 fee for each abstract requested. All payments payable to Government of Yukon. If mailing your request, please pay by cheque or money order to the address below. If faxing your request, upon receipt of this form, Motor Vehicles staff will contact you for payment.</p> <p><u>DO NOT ATTACH YOUR PAYMENT INFORMATION TO THIS FORM</u></p> <p>There is a 24 to 48 hour turnaround time for faxed/emailed requests.</p> <p><i>No cardholder information such as names, account numbers, or other information embossed, encoded or appearing in any manner on the card will be used for any purpose other than in respect to this transaction.</i></p>		

Yukon Motor Vehicles cannot guarantee the confidentiality of an e-mail response. E-mail is not considered a secure method of communication and personal information could potentially be read by an unauthorized person or persons. Emails sent to and from work computers could potentially be read by an employer and emails sent to a home address may be read by anyone with access to that home computer such as other members of the household. Generally, email is not encrypted and could be intercepted by any of the internet service providers that handle the emails from the sender to the recipient.

_____	_____	_____
<small>Signature</small>	<small>Date (yyyy/mm/dd)</small>	

Mail Request to:
Yukon Motor Vehicles
Box 2703 W-22
Whitehorse, Yukon
Y1A 2C6

Fax Request to:
(867) 393-6220
Yukon Motor Vehicles

E-mail Request to:
Fully completed and signed forms
can be scanned and e-mailed to
Motor.Vehicles@gov.yk.ca

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