



Insurance Corporation of British Columbia

Licensing Support Services
PO Box 3750
Victoria, British Columbia
V8W 3Y5

Telephone 250-414-7732
Fax 250-978-8012

Driver's Licence Abstract Request

Return abstract by:

Mail

Fax _____

FAX NUMBER

Email info@isbc.ca _____

EMAIL ADDRESS

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

Search fee enclosed \$		OR Search fee account no:	
NAME OF COMPANY Insurance Search Bureau of Canada			
MAILING ADDRESS STREET / PO BOX / RR# 8160, Parkhill Drive			
CITY / PROVINCE / STATE Milton, Ontario			POSTAL CODE / ZIP CODE L9T5V7

If you wish to charge the Search Fee to Visa, MasterCard or American Express, 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: _____
(dmmmyyyy)

SIGNATURE OF DRIVER DATE OF REQUEST