

# DRIVER ABSTRACT AUTHORIZATION FORM

I hereby authorize the Manitoba Public Insurance, Driver and Vehicle Licensing, in the Province of Manitoba, to release my Driver Abstract or Commercial Driver Abstract to:

Insurance Search Bureau of Canada,  
8160 Parkhill Drive Milton Ontario  
Tel: 905.875.0556 Fax: 905.875.4993

\_\_\_\_\_  
(Name of Company/Individual) (Telephone number)  
(and if applicable) through its representative:

\_\_\_\_\_  
(Authorized Agent/Individual)

DRIVER'S NAME \_\_\_\_\_  
(PRINT NAME IN FULL) (LAST NAME) (FIRST NAME) (INITIAL)

LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
(PRINT IN FULL) (YEAR/MONTH/DAY)

SIGNATURE OF DRIVER: \_\_\_\_\_

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

Type of abstract requested:  **Driver Abstract**  
(check one)  **Commercial Driver Abstract**

My card number is \_\_\_\_\_

My card expiry date is \_\_\_\_\_

Signature of cardholder \_\_\_\_\_