

**Driver Abstract Requirements (Release of Information)**

An employer, Insurance Company or its agent, requesting information regarding driving records including demerit totals, shall be required to make the request in writing to the Driver & Vehicle Licensing office by completing a "Request for Driver Abstract" form.

The requester shall include with their request, a signature from their client authorizing the release of the driving record.

A representative from the requesting agency must sign the request form.

The fee of \$12.12 per abstract must be included. Payment may be made by credit card, company cheque, money order, debit or cash. If payment is by cheque or money order, please make payable to Government of NWT.

You may fax or mail your request to the following:

Government of NWT  
Department of Transportation  
Driver & Vehicle Licensing  
Box 1320, Laing Building 1<sup>st</sup> Floor  
Yellowknife NT X1A 2L9  
Fax: 867-669-9094      Phone: 867-873-7487

### DRIVER ABSTRACT / SEARCH REQUEST

#### DRIVER ABSTRACT / SEARCHES

NAME: \_\_\_\_\_

D.O.B. (DD/MM/YYYY) \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_

PLATE NUMBER \_\_\_\_\_

VAL TAG NUMBER \_\_\_\_\_

VIN # \_\_\_\_\_

OTHER: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
(COMPANY NAME & ADDRESS)

Phone: \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

**ISSUING OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Issuing Office: \_\_\_\_\_

Please send request to: **Driver & Vehicle Licensing Office**  
**Department of Transportation**  
**P.O. Box 1320**  
**Yellowknife NT X1A 2L9**  
**Phone: (867) 873-7487 Fax: (867) 669-9094**