

Notice to the applicant and representative

- When more than one request is to be forwarded to the SAAQ, they must be sent together with the form entitled *Driving record search* (4941A). **A fee of \$10 is required per file.**
- Each application must be forwarded to the following department: Service de la diffusion et de la liaison aux corps policiers at this address: 333, boulevard Jean-Lesage C-3-44, Case postale 19600 succ. Terminus, Québec (Québec) G1K 8J6.
- For more information, please contact the following department: Service de la diffusion et de la liaison aux corps policiers at the following telephone number: 418 528-3183.

INFORMATION ON THE APPLICANT				
Company, agency or other (in block letters) Insurance Search Bureau Of Canada				
Name of the person authorized to act on behalf of the applicant (in block letters) 8160 Parkhill Drive				
Address (Number, street, apt.) Milton				
Municipality / Province Ontario	Postal code L9T5V7	Area code 905	Telephone 875 0556	Extension

INFORMATION ON THE REPRESENTATIVE				
Name of representative (in block letters)				
Name of the authorized person (in block letters)				
Address (Number, street, apt.)				
Municipality / Province	Postal code	Area code	Telephone	Extension

Note : The representative undertakes to use the information only to convey it to the applicant.

LICENCE HOLDER'S AUTHORIZATION														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center; padding: 2px;">Driver's licence number</th> </tr> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Enter 13 characters.</p>					Driver's licence number									
Driver's licence number														
Name of the driver's licence holder														
Date of birth														
Year	Month	Day												
Telephone (home)														
Area code														
Telephone (work)														
Area code														
<p>I, the undersigned, authorize de Société de l'assurance automobile du Québec to disclose the content of my driving record, including in particular suspensions, revocations, demerit points and heavy vehicle driving-related offences or accidents in which I was involved, if any, to the above-named applicant. This consent is valid for twelve (12) months from the date of signature.</p>														
<p>Year-Month-Day</p> <p>_____</p>														
Date			Licence holder's signature											

Protection of Personal Information
 All information gathered by authorized SAAQ personnel is handled confidentially. The SAAQ needs such personal information to apply the Automobile Insurance Act and the Highway Safety Code. Under the Act respecting access to documents held by public bodies and the protection of personal information, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the SAAQ's part. Individuals may consult or correct any personal information concerning them held in SAAQ records. For more information, contact the SAAQ's call centres or consult the Policy on Privacy on the SAAQ website at www.saaq.gouv.qc.ca.