

Driver Abstract Request Form



2260 - 11th Avenue
Regina, SK S4P 2N7

Driver Information

Name: _____		
_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
Driver's Licence Number: _____	Date of Birth: _____	_____
	<small>Year</small>	<small>Month</small> / <small>Day</small>
Telephone No.: _____	Return Fax No. or Address: _____	

Driver/Plate Records

Driver/Plate Records are issued for a minimum of 5 years. Customers may request a record for a longer period of time dating back to January 1, 1995.

Please indicate the number of years required: _____

Unless otherwise stated the maximum will be used.

Visa or Master Card Number: _____ Card Expiry Date: _____

I hereby authorize Saskatchewan Government Insurance, AutoFund Division, to disclose all information concerning my driving record including convictions, motor vehicle accidents and my driving status to the fax number or address indicated on this request.

Driver/Plate Record will not be released without the driver's authorized signature.

Driver's Signature:

Date: