

Driver record authorization

Evidence number (For SLF use only)

This form may be used for all applications **except** those signed in Quebec and British Columbia. In these provinces, complete the following:

- 5981A-75 (Authorization for the disclosure of a driving record by the Société de l'assurance automobile du Québec) – Quebec applications
- MV2680 (Driver's licence abstract request) – British Columbia applications

Policy number

Proposed insured/driver's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Address (street number and name)			Apartment or suite
City	Province	Postal code	Driver's licence number
Advisor's first name	Middle initial	Last name	Advisor's number

I authorize the Division of Driver and Vehicle Licensing in the province of _____
or if in the province of Manitoba, Manitoba Public Insurance, to release/disclose my driver's record abstract and claim history
(if requested), in person, by facsimile or by mail to the company indicated below:

(Company name)

Location signed (province)	Date (dd-mm-yyyy)	Signature of proposed insured X
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Important: A copy of this authorization is as valid as the original.

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