



Driver Abstract Request Form

DRIVER INFORMATION

Name: _____
Last Name First Name Middle Initial

Driver's Licence Number: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Telephone Number: _____ Return Fax Number: _____

Type of Abstract Requested: Driver Abstract
 Commercial Driver Abstract

AUTHORIZATION TO DISCLOSE DRIVER ABSTRACT

I hereby authorize Manitoba Public Insurance, to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or by mail.

Individual / Company Name: _____

Address: _____

Fax Number: _____

DRIVER'S SIGNATURE* _____ **DATE** _____

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

PAYOR INFORMATION – IF DIFFERENT FROM ABOVE DRIVER

Individual / Company Name: _____

Company Contact Name: _____

Contact Phone Number: _____

IF REQUESTED VIA MAIL (TO ADDRESS BELOW) OR FAX (TO FAX BELOW) PLEASE SEND \$10.00 PAYMENT PER DRIVER ABSTRACT BY CHEQUE OR MONEY ORDER, PAYABLE TO MANITOBA PUBLIC INSURANCE OR PROVIDE THE FOLLOWING CREDIT CARD INFORMATION.

VISA / MasterCard Number: _____

Card Expiry Date: _____ Card Holder Signature: _____

Mail/Fax Request To: Manitoba Public Insurance
Arborg Service Centre
323 Sunset Boulevard
Box 418
Arborg, MB R0C 0A0
Fax: 204-985-8105 or Toll Free: 1-866-317-3267

OFFICE USE ONLY:

Fee Paid

\$10

FOR MORE INFORMATION CALL: 204-985-0980 or TOLL FREE: 1-866-323-0543