

Notice to the applicant

When more than one request is to be submitted to the SAAQ, they must be sent together with the form entitled *Driving Record Search* (4941A). **Consult the fees required for each record.**

INFORMATION ON THE APPLICANT			
Company, agency or other (in block letters)			
Last name and first name of the person authorized to act on behalf of the applicant (in block letters)			
Address (Number, street, apt.)			
Municipality/Province	Postal code	Telephone	Ext.

AUTHORIZATION OF THE LICENCE HOLDER												
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Driver's licence number</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">Fill all 13 spaces</p>												
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Last name and first name of driver's licence holder</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Date of birth</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 33%;">Year</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Year	Month	Day				<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Telephone (home)</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Telephone (work)</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center; font-size: xx-small;">extension</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		extension		
Year	Month	Day										
	extension											
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle, if applicable, to the above-named applicant. This authorization is valid for twelve (12) months as of the date of signature.</p>												
<p style="color: grey; font-weight: bold;">Year-Month-Day</p>												
<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="font-size: x-small;">Date</p>	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="font-size: x-small;">Signature of licence holder</p>											

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this 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 Société's part. Individuals may consult or correct any personal information concerning them held in Société records.

For more information, consult the Policy on Privacy on the Société's Web site at: www.saaq.gouv.qc.ca or contact the Société's call centre.

- For any information, call 418 528-3183 toll-free 1 866 642-1865
 - Fax 418 644-7167
- All applications must be sent to: Service de la diffusion et de la liaison avec les corps policiers
Société de l'assurance automobile du Québec
 333, boulevard Jean-Lesage, C-3-44
 Case Postale 19600, succursale Terminus
 Québec (Québec) G1K 8J6