



Licensing Support Services
 PO Box 3750
 Victoria BC V8W 3Y5
 Phone: (250) 414-7732

DO NOT WRITE ABOVE LINE

DRIVER'S LICENCE ABSTRACT REQUEST or CERTIFIED RECORD(S)

Please print

| | | | | |
|---|----|-----------------------|------------------------------|------------------------|
| SEARCH FEE ENCLOSED | \$ | (CDN.) | SEARCH FEE ACCOUNT NUMBER | |
| NAME OF COMPANY | | | | |
| ADDRESS TO FORWARD DRIVING RECORD(S) TO: | | STREET / PO BOX / RR# | | |
| CITY / PROVINCE / STATE | | | | POSTAL CODE / ZIP CODE |

Names of companies who will view driver abstract MUST be listed below BEFORE driver signs

| | |
|------------------|------------------|
| COMPANY NUMBER 1 | COMPANY NUMBER 5 |
| COMPANY NUMBER 2 | COMPANY NUMBER 6 |
| COMPANY NUMBER 3 | COMPANY NUMBER 7 |
| COMPANY NUMBER 4 | COMPANY NUMBER 8 |

Driver information

Name of Driver:

I, _____
LAST FIRST MIDDLE

Address of Driver:

of _____
STREET / PO BOX / RR # CITY, PROVINCE POSTAL CODE

the holder of **British Columbia Driver's Licence Number:** _____

Date of Birth: _____, do hereby authorize the above-named company to obtain from the
(DAY MONTH YEAR)

Insurance Corporation of British Columbia, Licensing Support Services, a copy of my driving record (abstract).

ORIGINAL SIGNATURE OF DRIVER (PLEASE USE BLUE INK)

DATE: (DAY MONTH YEAR)

Abstract requests with photocopy or facsimile signature received at Licensing Support Services will NOT be processed.