

DRIVER RECORD AUTHORIZATION

I hereby authorize the Division of Driver and Vehicle Licencing, in the **Northwest Territories**, to release my driver record for employment purposes to:

(Name of Company/Individual)

through its representative:

FAIRVIEW REGISTRIES
(Authorized Agent/Individual)

DRIVER'S NAME

(PRINT NAME IN FULL) (LAST NAME) (FIRST NAME)
(INITIAL)

OPERATOR LICENSE NUMBER:

DATE OF BIRTH

(PRINT IN FULL) (YEAR/MONTH/DAY)

DRIVER'S
SIGNATURE:
