

Canada Driver's License Submission Instructions



Provincial regulations prevent us from requesting driving records in many different provinces.

01 If you are from **British Columbia** or **Quebec**, there are specific forms per your province you must fill out and submit to Maven.

02 If you are from any other province (excluding Ontario and Alberta) you will need to fill out a **Canada General Release Form** and submit to Maven.

03 Once you have filled out your Driver's Abstract Request, email it to **DLcheck@maven.com** to complete the registration process to join Maven.



Insurance Corporation of British Columbia

Licensing Support Services
PO Box 3750
Victoria, British Columbia
V8W 3Y5

Telephone 250-414-7732
Fax 250-978-8012

Driver's Licence Abstract Request

Please type or print clearly, illegible information cannot be processed.

Search fee enclosed \$		OR Search fee account no:	
NAME OF COMPANY			
MAILING ADDRESS		STREET / PO BOX / RR#	
CITY / PROVINCE / STATE			POSTAL CODE / ZIP CODE

If you wish to charge the Search Fee to Visa, MasterCard or American Express, please include the information below:

CREDIT CARD NUMBER	EXPIRY DATE	NAME AS IT APPEARS ON CREDIT CARD
	____/____	

Companies with access to 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

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Name of Driver: _____
LAST FIRST MIDDLE

Address: _____
STREET / PO BOX / RR # CITY / PROVINCE / STATE POSTAL CODE / ZIP CODE

Date of Birth: _____ Driver's Licence Number: _____
(dmmmyyyy)

SIGNATURE OF DRIVER DATE OF REQUEST

DRIVER'S LICENCE HOLDER

Last name		First name			
Québec driver's licence number	Date of birth Year Month Day	Telephone Office		Extension	Home

AUTHORIZATION OF THE LICENCE HOLDER

Last address in Québec	Driver's abstract prepared in <input type="checkbox"/> French <input type="checkbox"/> English
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Note: The driver's abstract will be sent to only one addressee and by only one means of delivery.

I authorize the Société de l'assurance automobile du Québec to send me my driver's abstract.

Mail to the following address
(outside Québec only):

Street number	Street name	Apartment
Municipality		
Province or State	Country	Postal code

or

Fax to the following number
(outside Québec only):

Country code	Local or area code	Fax number
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_____ Date (Year-Month-Day)

_____ Signature

Comments

Protection of Personal Information

All personal information gathered by authorized Société de l'assurance automobile du Québec (SAAQ) personnel is handled confidentially. The SAAQ requires this information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, this information may be conveyed to the SAAQ's licensing agents and other Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you. For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca or contact the SAAQ's call centre.

Canada General Release and Authorization

Datalink Services, Inc

PO Box 163355

Sacramento, CA 95816

Phone: 866.454.3238 Fax: 866.790.5246

Client Information:

Company Name: _____ Account #: _____

Contact Name: _____ Phone #: _____

Purpose of use: Insurance Employment

Applicant/Subject Information:

(PRINT CLEARLY)

Name (First, MI, Last): _____

Date of Birth (mm/dd/yyyy): _____ - _____ - _____

Driver's License Number: _____

Province: _____

I do hereby authorize and allow Datalink Services, Inc to obtain a copy of my driver abstract information, which will be used for the above stated purpose. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I understand that this authorization and consent shall be valid in an original, fax or copy form.

Driver's Signature: _____ Date: _____