

Notice to the applicant and intermediary

Information entered on this form must not have been modified, crossed out or erased, or the application may be refused.

To help us better process your application, please complete this form on-screen before printing.

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

INFORMATION ON INTERMEDIARY			
Company or agency acting as intermediary (print)			
Last name and first name of authorized person (print)			
Address (Number, street, apt.)			
Municipality/Province	Postal code	Telephone	Ext.

Note: The intermediary agrees to use the information for the sole purpose of transmitting it to the applicant.

AUTHORIZATION OF LICENCE HOLDER								
Driver's licence number								
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
Fill all 13 spaces								
Last name and first name of driver's licence holder								
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
Date of birth	Telephone (home)	Telephone (work)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Year</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Year	Month	Day				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small; padding-right: 5px;">extension</div>
Year	Month	Day						
<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>								
Year-Month-Day								
_____	_____							
Date	Signature of licence holder							

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*, 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*, 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. You may consult, correct or obtain a copy of any personal information concerning you.

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 information, contact the intermediary by phone or email at: Montréal area: 514 383-7289, poste 2
Elsewhere in Québec and Canada: 1 800 771-1099, extension 2
Email: support.mvr.gm@cgi.com

– This form must be sent to: Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6