

Notice to the applicant and intermediary

This form must be sent together with the *Driving Record Search* form (4941A). Information entered on this form must not have been modified, crossed out or erased, or the application may be refused. **Consult the fees required for each record.**

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																													
<table border="1"> <tr> <th colspan="13">Driver's licence number</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Fill all 13 spaces</p>				Driver's licence number																									
Driver's licence number																													
Last name and first name of driver's licence holder																													
<table border="1"> <tr> <th colspan="3">Date of birth</th> <th colspan="3">Telephone (home)</th> <th colspan="3">Telephone (work)</th> </tr> <tr> <td>Year</td><td>Month</td><td>Day</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td>extension</td> </tr> </table>				Date of birth			Telephone (home)			Telephone (work)			Year	Month	Day							extension							
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<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="text-align: center;">Year-Month-Day</p> <p>_____</p> <p style="text-align: center;">Date</p>																													
<p style="text-align: center;">_____</p> <p style="text-align: center;">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
- All applications 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