

Driver Abstract/Claims Experience Letter Request Form

DRIVER INFORMATION

Name: _____
Last Name First Name Middle Initial

Driver's Licence Number: _____ Date of Birth: ____ / ____ / ____
Month Day Year

Telephone Number: _____

Return Fax Number or Address: _____

Document Requested (Check all that apply): Driver Abstract \$10 Commercial Driver Abstract \$10
 Claims Experience Letter \$15

AUTHORIZATION TO DISCLOSE DRIVER INFORMATION (if applicable)

I hereby authorize Manitoba Public Insurance to disclose the requested documents to the individual/company noted below as follows(select applicable)

One time use within 30 days from date signed

Upon request by the individual/company for a period of two years from date signed. I understand I may revoke this authorization at any time by notifying the individual/company named below.

Individual / Company Name: _____

Address: _____

Fax Number: _____

DRIVER'S SIGNATURE* _____ **DATE** _____

*A photocopy or other electronic copy of this signed authorization shall have the same authority as the original.

PAYOR INFORMATION – IF DIFFERENT FROM DRIVER

Individual / Company Name: _____

Company Contact Name: _____

Phone Number: _____

If requested by mail, please include a cheque or money order payable to Manitoba Public Insurance or provide credit card information below.

If requested by fax, please provide the following credit card information:

VISA / MasterCard Number: _____

Card Expiry Date: _____ Card Holder Signature: _____

OFFICE USE ONLY:

Fee Paid

\$10 \$15 \$20 \$25

FOR MORE INFORMATION CALL: 204-985-7000 or TOLL FREE: 1-800-665-2410
 SUBMIT FORM BY MAIL: Manitoba Public Insurance, Driver Records and Suspensions, Box 6300, Winnipeg, MB, R3C 4A4
 SUBMIT FORM BY FAX: 204-954-5357 or TOLL FREE: 1-866-323-0543