Manitoba Public Insurance | Société d'assurance publique du Manitoba

Driver Abstract 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 No. or Address: _____

Type of Abstract Requested: ☐ Driver Abstract
☐ Commercial Driver Abstract

AUTHORIZATION TO DISCLOSE DRIVER ABSTRACT

I hereby authorize Manitoba Public Insurance, to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or by mail.

Individual/Company: _____

Address: _____ Fax Number: _____

EMPLOYEE AUTHORIZATION

I hereby authorize Manitoba Public Insurance to disclose my Driver Abstract to

_____
Employer

for the duration of my employment with said employer or until such time that I advise Manitoba Public Insurance, in writing, to revoke this authorization.

Address: _____ Fax Number: _____

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

***A photocopy of this signed authorization shall have the same authority as the original.

PAYOR INFORMATION – IF DIFFERENT FROM ABOVE DRIVER

Individual / Company Name: _____

Company Contact Name: _____

Contact Phone Number: _____ Contact Fax Number: _____

IF REQUESTED VIA MAIL (TO ADDRESS BELOW) OR FAX (TO FAX BELOW) PLEASE SEND $10.00 PAYMENT PER DRIVER ABSTRACT BY CHEQUE OR MONEY ORDER, PAYABLE TO MANITOBA PUBLIC INSURANCE OR PROVIDE THE FOLLOWING CREDIT CARD INFORMATION .

VISA / MasterCard Number: _____

Card Expiry Date: _____Card Holder Signature: _____

Mail/Fax Request To:	**OFFICE USE ONLY:**
Manitoba Public Insurance **Driver Records and Suspensions** **Box 6300** **Winnipeg, MB R3C 4A4** **Fax: 204-954-5357**	**Fee Paid** ☐ **$10**

FOR MORE INFORMATION CALL: 204-985-0980 or TOLL FREE: 1-866-323-0543

REV (04/15)