

Avec vous,  
au cœur de votre sécurité

**Note:** Please fill out the form on screen.

**Date of the application**  Year Month Day

**Heavy Vehicle Owner, Operator or Driver** (Mandatory fields are marked with an asterisk (\*))

|  |  |
|--|--|
| <input type="checkbox"/> <b>Heavy vehicle owner or operator (HVOO)</b>               | <input type="checkbox"/> <b>Heavy vehicle driver</b> |
| Business name*   | Last name*   |
| Identification number*   | First name*  |
| Register Identification Number (RIN) from<br>the Commission des transports du Québec | Driver's licence number*                             |

**Person Filing the Application** (Mandatory fields are marked with an asterisk (\*).)

|                   |               |             |             |
|-------------------|---------------|-------------|-------------|
| Last name*        | First name*   |             |             |
| Title or position |               |             |             |
| Business address  | Street number | Street name |             |
| Municipality      |               | Province    | Postal code |
| Telephone*        | Extension     | Email*      |             |

## Type of Adjustment

|  |   |
|--|---|
| <input type="checkbox"/> Offence                           | <input type="checkbox"/> Accident           |
| <input type="checkbox"/> "Driver" out-of-service order     | <input type="checkbox"/> Vehicle fleet      |
| <input type="checkbox"/> Mechanical inspection certificate | <input type="checkbox"/> More than one type |
| <input type="checkbox"/> Other, specify: _____             |   |

## Events Concerned

|                          |      |       |     |              |                          |      |       |     |              |
|--------------------------|------|-------|-----|--------------|--------------------------|------|-------|-----|--------------|
| <b>Date of the event</b> | Year | Month | Day | Event number | <b>Date of the event</b> | Year | Month | Day | Event number |
|                          |      |       |     |              |                          |      |       |     |              |
| <b>Date of the event</b> | Year | Month | Day | Event number | <b>Date of the event</b> | Year | Month | Day | Event number |
|                          |      |       |     |              |                          |      |       |     |              |

If the application concerns more than four events, please provide the required information about the additional events (dates and event numbers) in the “Details and Description” section.

## Details and Description

Please enclose any supporting documents with your application (*Notice of Non-Liability for an Accident, Application to Have an HVOO Record Adjusted – Heavy Vehicle Rental Company, power of attorney, rental contract, lease agreement, etc.*).

## Details and Description – Continued

### Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be 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/privacy](http://saaq.gouv.qc.ca/privacy) or contact the SAAQ's call centre.

Mail this form to

**Direction des politiques, de la performance et  
des relations avec le milieu**  
Société de l'assurance automobile du Québec  
Édifice Jean-Lesage  
333, boulevard Jean-Lesage (act. 2170)  
Case postale 19600, succursale Terminus  
Québec (Québec) G1K 8J6

or

Fax it to

418-643-1896