

Request for an Attestation

Excerpt from the SAAQ's records (bodies outside Québec)

Avec vous,
au cœur de votre sécurité

Refer to the applicable fees.

Requesting body

Name	SAAQ reference number	
Address	Telephone	Extension
Name of the person filling out this form	Function or position	
Signature	Date (Year-Month-Day)	

Designated representative (if applicable)

Name of the requesting body		
Address	Telephone	Extension
Name of the designated representative	Function or position	
Signature	Date (Year-Month-Day)	

Offence

File number	Statement of offence number	Date (Year-Month-Day)	Time
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Driving privilege – Defendant

Last name	First name
Date of birth (Year-Month-Day)	Driver's licence number

Authorization for road use – Vehicle involved

Vehicle identification number	Licence plate number	
Make	Model	Year

Section and title of the statute or regulation under which the offence was committed

Section	Title of statute or regulation	

Where the situation warrants, please explain why you are filing this request:

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All requests must be sent to:

Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
Édifice Jean-Lesage
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

For more information, call:

418-528-3183 or, toll-free 1-866-642-1865
Fax: 418-644-7167