

Authorization for the Disclosure of a Heavy Vehicle Owner or Operator Record by the Société de l'assurance automobile du Québec

Avec vous,
au cœur de votre sécurité

APPLICANT

Name of applicant business or organization

Last name and first name of authorized person

Address (street number, street name, apartment)

Municipality/Province/State

Country

Postal code or ZIP code

Telephone

AUTHORIZATION PROVIDED BY THE HEAVY VEHICLE OWNER OR OPERATOR

Please note that the Société de l'assurance automobile du Québec (SAAQ) can only release personal information about events concerning the undersigned.

Identification number (IN)

Register identification number (RIN)

Business, organization or individual

Last name and first name of authorized person

Address (street number, street name, apartment)

Municipality/Province/State

Country

Postal code or ZIP code

Telephone

I, the undersigned, authorize the SAAQ to disclose to the above-named applicant the content of my heavy vehicle owner or operator record, including my conduct review, a list of critical events entered in my record, facility audit results, and information about the events that were taken into consideration in assessing my conduct. This authorization is valid for twelve months from the date of signature.

Signature of owner/operator

Date (Year-Month-Day)

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 our 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 or contact the SAAQ's call centre.

Mail this form to



**Direction des politiques, de la performance et
des relations avec le milieu, E-4-32**
Société de l'assurance automobile du Québec
Édifice Jean-Lesage
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

OR

Fax it to



418-643-1896

Note: Please allow 15 business days to receive the heavy vehicle owner or operator record.