

Avec vous,
au cœur de votre sécurité

I, the undersigned, _____, hereby declare that:
(enter your full name)

I have not had a municipal address corresponding to a place of residence since _____ and, for that reason, I am
(Year-Month-Day)
providing the address below.

Substitute mailing address

Street number	Street name
Municipality	
Province	Postal code
Type of address (check the appropriate box)	
<input type="checkbox"/> Friend's address <input type="checkbox"/> Family member's address <input type="checkbox"/> Other type of address (specify): _____	

Declarations and commitment

- I confirm that I have received the necessary authorization to have my mail delivered to the above address.
- I will take all reasonable measures to recover my mail without undue delay.
- I certify that the information provided in this declaration is accurate.

Additional information (where available)

Driver's licence number	Claim number	Date of birth (Year-Month-Day)	
Previous address	Street number	Street name	
Municipality		Province	Postal code

Signature of the declarant

Last name (please print)	First name (please print)
Signature	
Municipality	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 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.

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