

Refer to the service fees that apply to each file.

INFORMATION ON THE REQUESTING PARTY			
Name of body		SAAQ reference number	
Address		Telephone	Extension
Name of requesting party		Function or position	
Signature		Date (year-month-day)	

INFORMATION ON THE DESIGNATED REPRESENTATIVE (IF APPLICABLE)			
Name of body			
Address		Telephone	Extension
Name of requesting party		Function or position	
Signature		Date (year-month-day)	

OFFENCE			
File number	Number of the statement of offence	Date (year-month-day)	Time

RIGHT TO DRIVE – INFORMATION ON THE DEFENDANT	
Last name	First name
Date of birth (year-month-day)	Driver's licence number

RIGHT TO DRIVE – INFORMATION ON THE 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.	

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

- All requests must be sent to:

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