Société de l'assurance automobile Québec

Application for the Driver's Abstract of a Person Residing or Temporarily Living Outside Québec

Erase

DRIVER'S LICENCE HOLDER

Last name	First name

Québec driver's licence number	Date of birth (Year Month Day)	Telephone (Office / Extension / Home)

AUTHORIZATION OF THE LICENCE HOLDER

Last address in Québec	Driver's abstract prepared in
	☐ French ☐ English

Note: The driver's abstract will be sent to only one addressee and by only one means of delivery.

I authorize the Société de l'assurance automobile du Québec to send me my driver's abstract.

☐ Mail to the following address **(outside Québec only):**
If the address is outside Canada, make sure you provide all the required information for an international address.

or

☐ Fax to the following number **(outside Québec only):**

Country code | Local or area code | Fax number

Date (Year-Month-Day)

Signature

Comments

Protection of Personal Information

All personal information gathered by authorized Société de l'assurance automobile du Québec (SAAQ) personnel is handled confidentially. The SAAQ requires this information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, this information may be conveyed to the SAAQ's licensing agents and other Government departments or agencies, or 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 or contact the SAAQ's call centre.

Send

- By fax: 418 644-7167

or

- By mail:

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Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

Print Form