

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 OF HEAVY VEHICLE OWNER OR OPERATOR



Please note that the Société de l'assurance automobile du Québec (SAAQ) can only release personal information on 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
<p>I, the undersigned, authorize the SAAQ to disclose to the above-named applicant the content of my heavy vehicle owner's or operator's driving record, including my conduct review, critical events, facility audit results, and details concerning the events considered in my review. This consent is valid for twelve months from the date of signature.</p>		
_____	_____	
Date (Year-Month-Day)	Signature of owner/operator	

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.

Mail the form to		Direction des politiques et des programmes, E-4-32 Société de l'assurance automobile du Québec Case postale 19600, succursale Terminus Québec (Québec) G1K 8J6	OR	Fax to		418-643-1896
		<p>Note: Please allow 15 working days to receive the owner's or operator's driving record.</p>				