

INFORMATION ON THE APPLICANT

Name of applicant company or agency (print)		
Last name and first name of authorized person (print)		
Address (Number, street, apt.)	Municipality/Province/State	
Country	Postal code/Zip	Telephone Area code

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)	
Company, agency or individual (print)		
Last name and first name of authorized person (print)		
Address (Number, street, apt.)	Municipality/Province/State	
Country	Postal code/Zip	Telephone Area code
<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 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>		
<p>_____</p> <p>Date (Year-Month-Day)</p>		<p>_____</p> <p>Signature of owner/operator</p>

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records.

For more information, consult the Policy on Privacy on the Société's Web site at www.saaq.gouv.qc.ca or contact the Société's call centre.

Mail the form to



Service du suivi du privilège de circuler, N-4-43
Société de l'assurance automobile du Québec
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

OR

Fax to



418 643-1896

Note: Please allow 15 working days to receive the owner's or operator's driving record.