



# Driver Abstract Request Form

## DRIVER INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Driver's Licence Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Telephone Number: \_\_\_\_\_ Return Fax No. or Address: \_\_\_\_\_

Type of Abstract Requested:  Driver Abstract  
 Commercial Driver Abstract

## AUTHORIZATION TO DISCLOSE DRIVER ABSTRACT

I hereby authorize Manitoba Public Insurance, to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or by mail.

Individual/Company: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## EMPLOYEE AUTHORIZATION

I hereby authorize Manitoba Public Insurance to disclose my Driver Abstract to

\_\_\_\_\_  
Employer

for the duration of my employment with said employer or until such time that I advise Manitoba Public Insurance, in writing, to revoke this authorization.

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**DRIVER'S SIGNATURE\*** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*A photocopy of this signed authorization shall have the same authority as the original.

## PAYOR INFORMATION – IF DIFFERENT FROM ABOVE DRIVER

Individual / Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

**IF REQUESTED VIA MAIL (TO ADDRESS BELOW) OR FAX (TO FAX BELOW) PLEASE SEND \$10.00 PAYMENT PER DRIVER ABSTRACT BY CHEQUE OR MONEY ORDER, PAYABLE TO MANITOBA PUBLIC INSURANCE OR PROVIDE THE FOLLOWING CREDIT CARD INFORMATION .**

VISA / MasterCard Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

**Fax Completed Request To:**  
 Manitoba Public Insurance  
 Driver Records and Suspensions  
 Fax: (204) 954-5357

**For Information Phone:**  
 Manitoba Public Insurance  
 Driver Records and Suspensions  
 Phone: (204) 985-0980 or  
 (866) 323-0543

**Mail Completed Request To:**  
 Manitoba Public Insurance  
 Driver Records and Suspensions  
 510-234 Donald Street  
 PO Box 6300  
 Winnipeg MB R3C 4A4

