

Authorization for the Disclosure of a Driving Record by the Société UÉDEC de l'assurance automobile du Québec – Through an Intermediary

Notice to the applicant and intermediary

When more than one request is to be submitted to the SAAQ, they must be sent together with the form entitled Driving Record Search (4941A). Consult the fees required for each record.

INFORMATION ON APPLICANT			
Company, agency or other (in block letters)			
Last name and first name of the person authorized to act on behalf of the applicant (in block letters)			
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Address (Number, street, apt.)			
Municipality/Province	Postal code	Telephone	Ext.
With Expansive Townse			
INCORMATION		7	
INFORMATION ON INTERMEDIARY Company or agency acting as intermediary (in block letters)			
Last name and first name of authorized person (in block letters)			
Address (Number, street, apt.)			
Municipality/Province	Postal code	Telephone	Ext.
Note : The intermediary agrees to use the information for the sole pu	pose of transmitting it t	the applicant.	
AUTHORIZATION OF LICENCE HOLDER			
	OF LICENCE HOLD	<u> </u>	
Driver's licence number			
Fill all 13 spaces			
Last name and first name of driver's licence holder			
Date of birth Telephone (home)	Te	lephone (work)	
Year Month Day		extension	
L the undersigned outhorize the Cosiátá de l'accurance oute	mahila du Quábas ta d	disalogo the content of my dr	iving record in
I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy			
vehicle, if applicable, to the above-named applicant. This authorization is valid for twelve (12) months as of the date of signature.			
Year-Month-Day			
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Date	Signature of licence holder		

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.

- 418 528-3183 For any information, call toll-free 1 866 642-1865
- Fax 418 644-7167
- All applications must be sent to:

Service de la diffusion et de la liaison avec les corps policiers Société de l'assurance automobile du Québec 333, boulevard Jean-Lesage, C-3-44 Case Postale 19600, succursale Terminus

Québec (Québec) G1K 8J6

Société de l'assurance automobile du Québec