

Insurance Corporation of British Columbia PO Box 3750 Victoria BC V8W 3Y5 Telephone: 250-414-7732 Fax: 250-978-8012

## Use this form to request 20 or more abstracts at a time.

lease type or clearly print.    DATE OF BITTH   DEVERTS LICENCE   LIGHT ROUTED   LI	National Safety Code Number							
NAME OF DRIVER    DATE OF BRITCH   DRIVEROR   DRIVEROR	Return abstracts by:   Email:   Fax:   Please type or clearly print.							
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MV2610 (032016) Page 1 of 2

National Safety Code Number	

(continued from previous page)

NAME OF DRIVER	DATE OF BIRTH (ddmmmyyyy)	DRIVER'S LICENCE NUMBER	DATE OF LAST REQUEST (ddmmmyyyy)	ICBC USE ONLY

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