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Société de l'assurance automobile



Avec vous,  
au cœur de votre sécurité

## Payment Notice – Driver's Licence

IN ORDER TO RETAIN YOUR AUTHORIZATION TO DRIVE, PLEASE PAY THE FULL AMOUNT, IN A SINGLE PAYMENT, BY ▼

FILE NUMBER	NOTICE NUMBER	DUE DATE FOR PAYMENT YEAR-MONTH-DAY	AMOUNT PAYABLE
A1361 111004 09	14603 95862 02204 1	2024-10-11	\$25.50

\*\*\*Eligible for pre-authorized debits - interest rate 10.00%

\*\*\*\*\*Complete reverse side of this section

\*\*\*Read important information on the back

ADAM ABED RABBOH-HENAO  
106 AV SEDGEFIELD  
POINTE-CLAIRE QC H9R 1N5



CP 19300 SUCC TERMINUS  
QUÉBEC QC G1K 8J3

2011201N500002550111361111004009030

51198 900

96

## 2 LICENCE INFORMATION

▲ Detach and enclose Part 1 with your payment. ▲

FILE NO.	A1361 111004 09	NOTICE NO.	14603 95862 02204 1	NOTICE DATE	2024-08-12	DUE DATE FOR PAYMENT	2024-10-11
TO RETAIN THE AUTHORIZATION TO DRIVE	FROM 2024-10-12	TO 2025-10-11	CONDITION(S)	ENDORSEMENT(S)	EXPERIENCE - MONTHS	030	
CLASS(ES)	5 *****						

### DEMERIT POINTS

REFERENCE PERIOD: FROM	2022-07-11	TO	2024-07-10				
OFFENCE(S)	RECORDED	DESCRIPTION	POINTS	OFFENCE(S)	RECORDED	DESCRIPTION	POINTS

### AMOUNT PAYABLE DETAILS

GOUVERNEMENT DU QUÉBEC	LICENCE FEE	\$20.30	+	TAX ON INS. CONTRIBUTION	\$0.00	=	\$20.30
SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC	INSURANCE CONTRIBUTION	\$0.00	+	ADMINISTRATIVE FEE	\$5.20	=	\$5.20
				PREVIOUS BALANCE			\$0.00
				AMOUNT PAYABLE			\$25.50

▼ Detach here. ▼

TO NOTIFY US OF ANY CHANGE IN YOUR SITUATION, FILL OUT AND SIGN PART 3 AND RETURN IT TO THE SAAQ.

## 3 DECLARATION OF ILLNESS OR FUNCTIONAL IMPAIRMENT (see overleaf)

You must inform the SAAQ of any new health problem that you have not yet declared. Check the appropriate box(es) below.

1. ☐ I wear glasses or contact lenses to drive.

2. ☐ I have an eye disease or disorder (cataracts, glaucoma, retinopathy, macular degeneration, double vision, loss of an eye or no vision in one eye, etc.).

3. ☐ I have a hearing impairment (partial or total deafness) with or without a hearing aid.

4. ☐ I suffer from severe vertigo.

5. ☐ I have a heart condition (infarction, angina, palpitations, defibrillator, transplant, etc.) that restricts activities such as walking.

6. ☐ I experience excessive sleepiness related to a sleep disorder (sleep apnea, narcolepsy, etc.).

7. ☐ I have had significant movement limitations for several months in my neck, hands or feet (amputation, permanent immobility, polyarthritis, etc.).

8. ☐ I have a serious behavioural problem or psychiatric disorder (schizophrenia, bipolar disorder, recurrent major depression, etc.).
9. ☐ I have a substance use disorder (alcohol, drugs or other substances).

10. ☐ I have a cognitive impairment (dementia, Alzheimer's disease, psychomotor retardation, etc.).

11. ☐ I have had epileptic seizures.

12. ☐ I have a neurological condition (stroke, head trauma, paralysis, Parkinson's disease, multiple sclerosis, etc.).

13. ☐ I have experienced loss of consciousness, syncope or non-epileptic convulsions in the past 12 months.

14. ☐ I have diabetes.

15. ☐ I have a lung disease (emphysema, chronic bronchitis, any condition requiring the use of oxygen, etc.) that restricts activities such as walking.

16. ☐ I need home assistance to carry out daily activities (eating, hygiene, dressing, moving about, etc.).

17. ☐ I take medication that causes daytime drowsiness (sleeping pills, anti-anxiety medication, painkillers, etc.).

## CHANGE OF ADDRESS

FILE NUMBER	DATE OF CHANGE		
A1361 111004 09	YEAR	MONTH	DAY
NUMBER	STREET		APARTMENT
MUNICIPALITY	POSTAL CODE	Correspondance en français désirée <input type="checkbox"/>	
Failure to notify the SAAQ of a change of address within 30 days is an offence punishable by a fine.			
NON-PAYMENT (Check the reason)			
<input type="checkbox"/> I NO LONGER WANT TO DRIVE (I AM CANCELLING ALL MY LICENCES)			
<input type="checkbox"/> I NO LONGER LIVE IN QUÉBEC			
<input type="checkbox"/> DEATH OF HOLDER			
• Return by due date for payment to avoid carrying charges (allow for mailing time).			
• See overleaf for additional information.			

SIGNATURE

DATE

YEAR

MONTH

DAY

TELEPHONE

111361111004009042

Original document in French

CASE POSTALE 19300, SUCCURSALE TERMINUS, 333, BOULEVARD JEAN-LESAGE, QUÉBEC (QUÉBEC) G1K 8J3

TIMBRE  
DE  
CAISSE

### PRE-AUTHORIZED DEBIT PAYMENT PLAN

This is the only payment method that allows you to make your payment in several instalments. To choose this payment method, select the number of debits below that will be made to your account and sign the authorization. Return this part by mail, enclosing a cheque marked "VOID" (a voided cheque is not required if you have already provided one).

Choose number of debits:

☐ 1

(annual)  
No interest

☐ 12

(monthly)  
With interest

I authorize the SAAQ to withdraw payment of fees for the driver's licence indicated on this notice by pre-authorized debits through my financial institution.

X

Signature of account holder

Date

Telephone

X

Signature of joint account holder (if any)

Date

Telephone

### ONLINE PAYMENT

When using your financial institution's online bill payment service to pay the amount that appears on this notice, **please make sure that the notice number you enter online is the same as the one on the front of this notice.** This number varies from one payment notice to another.

### Other payment options

**At most financial institutions:** Pay the full amount in a single payment at the counter or by ATM. Documents or information required may vary.

**IMPORTANT!** If you wish to cancel or not renew your driver's licence, you must inform the SAAQ **before** the payment due date. Otherwise, you will be required to pay a portion of the licence fees and insurance contribution. In addition, late fees may apply.

### PROTECTION OF PERSONAL INFORMATION

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with our licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be 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/privacy](http://saaq.gouv.qc.ca/privacy) or contact the SAAQ's call centre.

## ACCESS OUR ONLINE SERVICES

[saaq.gouv.qc.ca](http://saaq.gouv.qc.ca)

Société de l'assurance  
automobile

Québec

Avec vous,  
au cœur de votre sécurité



Québec area: 418-643-7620 Montréal area: 514-873-7620 Toll-free: 1-800-361-7620 (Québec, Canada, United States)



### MANDATORY DECLARATION ON A DRIVER'S STATE OF HEALTH

**Under the Highway Safety Code, the SAAQ must be informed of any change to your state of health:**

- within 30 days;
- when you apply for a driver's licence or the addition of a licence class;
- upon the renewal of a driver's licence.

Failure to notify the SAAQ of a health condition is equivalent to stating that you are in good health. A false declaration or failure to declare a health problem can result in the suspension of your licence and a fine.

In the event of significant and permanent changes in appearance (major plastic surgery, facial burn scars, etc.), having a new photo taken is recommended.

### DOCUMENT TO ENCLOSE IF YOU CHECKED

- **I no longer live in Québec:** a copy of your driver's licence issued by the authorities in your new place of residence.
- **Death of holder:** the death certificate or any other document attesting death.

### NEW DRIVING TESTS

The SAAQ will require you to pass driving tests if your licence has not been valid for three years or more or if you relinquished a licence class and want to obtain either one again.

### RELINQUISHING A LICENCE CLASS

To relinquish a licence class, go to an SAAQ service outlet

Société de l'assurance  
automobile

Québec

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