



## Driver's Licence Abstract Request

Return abstract by:

☐ Mail

☐ Fax 905-875-4993

FAX NUMBER

☐ Email info@isbc.ca

EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

Search fee enclosed \$		OR	Search fee account no:		
NAME OF COMPANY					
Insurance Search Bureau of Canada					
MAILING ADDRESS STREET / PO BOX / RR #					
8160 Parkhill Drive					
CITY / PROVINCE / STATE				POSTAL CODE / ZIP CODE	
Milton, Ontario				L9T 5V7	

If you wish to charge the Search Fee to Visa, MasterCard or American Express, please include the information below:

CREDIT CARD NUMBER	EXPIRY DATE	NAME AS IT APPEARS ON CREDIT CARD

Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1	COMPANY NUMBER 5
COMPANY NUMBER 2	COMPANY NUMBER 6
COMPANY NUMBER 3	COMPANY NUMBER 7
COMPANY NUMBER 4	COMPANY NUMBER 8

## Driver Information

<input type="checkbox"/> I authorize the above named company to obtain a copy of my <b>driver's abstract</b> from the Insurance Corporation of British Columbia.		
<input type="checkbox"/> I authorize the above named company to obtain a copy of my <b>driver insurance history (or any insurance information)</b> from the Insurance Corporation of British Columbia.		
<input type="checkbox"/> I authorize the above named company to obtain a copy of my <b>vehicle claim history</b> from the Insurance Corporation of British Columbia.		
Name of Driver: _____		
LAST	FIRST	MIDDLE
Address: _____		
STREET / PO BOX / RR #	CITY / PROVINCE / STATE	POSTAL CODE / ZIP CODE
Date of Birth: _____ Driver's Licence Number: _____		
(ddmmmyyyy)		
SIGNATURE OF DRIVER		DATE OF REQUEST