Société de l'assurance automobile Québec

Information

Driving Record Search

Erase

INFORMATION ON THE APPLICANT

Name of applicant company or agency (in block letters)	Account number	SAAQ applicant number (if applicable)

Authorized person	Last name	First name

Address of applicant compagny or agency	Number, street, apt.	Municipality

Province / State	Country	Postal code ?	Zip code	P.O. box	Postal station

Language ☐ French ☐ English

For SAAQ use only | Date de la demande Année-Mois-Jour | Code de l'usager

Last name and first name	Driver's licence number	Your reference (optional)

Instructions for the applicant company or agency

☐ Check here if you would like the documents to be forwarded directly to you.

(For each driver, enclose the form entitled Authorization for the Disclosure of a Driving Record 5981A*)*

Consult the fees required for each record

☐ Check here if you would like the documents to be forwarded directly to each driver in question.

(Enclose a letter requesting that the record be forwarded to each driver in question)

Consult the fees required for each record

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.

- For any information, call toll-free 418 528-3183 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

Print Form