

Information on the applicant

Name of applicant company or agency (in block letters)		
Full name of authorized person (in block letters)		
Address (Number, street, apt.)	Municipality/Province /State	
Country	Code postal/Zip	Telephone Area code

Authorization of heavy vehicle owner or operator

Please note that to release personal information on events involving persons other than the undersigned, the Société requires the consent of those persons.

Identification number (NI)	Register Identification Number (RIN)	
Company, agency or individual (in block letters)		
Full name of authorized person (in block letters)		
Address (Number, street, apt.)	Municipality/Province /State	
Country	Code postal/Zip	Telephone Area code
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose to the above-named applicant the content of my heavy vehicle owner's or operator's driving record, including conduct review, critical events, carrier audit results, and particulars of events in my review. This consent is valid for twelve (12) months from the date of signature.</p>		
<p>_____</p> <p>Signature of owner/operator</p>		<p>_____</p> <p>Date (Year-Month-Day)</p>

Protection of personal information

Information you provide on the form will only be used for the processing of your authorization. Only the SAAQ authorized personnel or, if applicable, its agents can access this information. For more information on your rights to privacy you may consult the SAAQ's policy on privacy at www.saaq.gouv.qc.ca or call us at 418-643-7620 in Québec City, 514-873-7620 in Montréal, or 1 800 361-7620 elsewhere in the province.

Mail the form to



**Service aux propriétaires, exploitants
et conducteurs de véhicules lourds**
333, boul. Jean-Lesage, N-4-44
Case postale 19600, succ. Terminus
Québec (Québec) G1K 8J6

OR

Fax to



418 643-1896

Note: Please allow 15 working days to receive the owner's or operator's driving record.