



## DRIVER ABSTRACT REQUEST

I, \_\_\_\_\_ of \_\_\_\_\_,  
Full Name Full Address

declare that my Driver's Licence Number is: \_\_\_\_\_. My Date of Birth is: \_\_\_\_\_.  
Month, Day, Year

### WAIVER

I, \_\_\_\_\_, hereby authorize Road Licensing and Safety Division and/or its  
Client Name Issuing Agent to release my Driver Abstract and all the information contained therein to Datalink Services, Inc.  
Receiver Name

\* Please attach a copy of your driver's license.

### PAYMENT

Please charge fee of \$19.00 to the following credit card:

Datalink Services, Inc / Mark Haddy \_\_\_\_\_  
Card Holder Name Type of Card  
\_\_\_\_\_  
Card Number Expiry Date

### CONTACT INFORMATION

My contact information is:

Phone: 866-454-3238

Fax: 866-790--5246

E-Mail: supportcdr@transunion.com

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please send requests to:

**Driver & Vehicle Licensing – Yellowknife Office**  
5015-49<sup>th</sup> Street, 1<sup>st</sup> Floor, NGB  
Box 1320, Yellowknife NT X1A 2L9  
Phone: 867-873-7487  
Fax: 867-669-9094