



## REQUEST FORM FOR DRIVER'S ABSTRACTS, SEARCHES AND ACCIDENT REPORTS

Please indicate which information you are requesting; if you are not picking up or arranging for delivery of the form to yourself, please submit a separate signed letter authorizing the release of the information that you are requesting.

<b>Date of Request</b>		<b>Signature</b>	
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### DRIVER'S ABSTRACT (\$12.60 FEE)

<b>Name</b> (first, last)							
<b>Date of birth</b> (dd/mm/yyyy)							
<b>Driver's Licence Number</b> (requires 6-digit Nunavut driver's license number)							

### SEARCHES (\$12.10 FEE)

<b>License Plate Number</b>									
<b>Validation Tag Number</b>									
<b>Vehicle Identification Number</b>									
<b>Other</b>									

### ACCIDENT REPORTS (\$12.10 FEE)

<b>File Number</b>							
<b>Date of Accident</b> (dd/mm/yyyy)							
<b>Parties Involved</b>							
<b>Validation Tag Number</b>							

### AUTHORIZATION TO RELEASE OF INFORMATION

Send report to myself	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I hereby authorize the Motor Vehicles Division to send this report to:</b>	
<b>Name</b>	Datalink Services, Inc
<b>Mailing Address</b>	PO Box 340639, Sacramento, Ca 95834
<b>Email Address</b>	supportcdr@transunion.com

### TO BE FILLED OUT BY MOTOR VEHICLES OR AGENT

<b>Requested by</b>			
<b>Date</b> (dd/mm/yyyy)			
<b>Company name</b>			
<b>Interim Receipt #</b>		<b>Amount</b>	
<b>Issued by</b>			
<b>Signature</b> (of Issuer)			

