

Canadian General Release* and Authorization

SambaSafety, Inc.
P.O. Box 1970
Rancho Cordova, CA 95741-1790
Phone: (800) 766-6877 Fax: (800) 800-0817

SambaSafety Client Information:

Company Name: _____

SambaSafety Account#: _____

Reference: _____

Fax Number: _____

Purpose of Use (Please check a box): Insurance Employment

Applicant/Subject Information:

Name: _____
Please Print All Requested Information

Date of Birth (Month – Day – Year): _____ - _____ - _____

Drivers License Number: _____

Province: _____

I do hereby authorize and allow SambaSafety, Inc. to obtain a copy of my driver abstract information, which will be used for the above stated purpose. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I understand that this authorization and consent shall be valid in an original, fax or copy form.

Applicant's Signature: X _____

Date: _____

*This form is not accepted in British Columbia or Quebec.