



# Driver Abstract Request Form

## DRIVER INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Driver's Licence Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Telephone Number: \_\_\_\_\_ Return Fax Number: \_\_\_\_\_

Type of Abstract Requested:  Driver Abstract  
 Commercial Driver Abstract

## AUTHORIZATION TO DISCLOSE DRIVER ABSTRACT

I hereby authorize Manitoba Public Insurance, to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or by mail.

Individual / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**DRIVER'S SIGNATURE\*** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*A photocopy of this signed authorization shall have the same authority as the original.

## PAYOR INFORMATION – IF DIFFERENT FROM ABOVE DRIVER

Individual / Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**IF REQUESTED VIA MAIL (TO ADDRESS BELOW) OR FAX (TO FAX BELOW) PLEASE SEND \$10.00 PAYMENT PER DRIVER ABSTRACT BY CHEQUE OR MONEY ORDER, PAYABLE TO MANITOBA PUBLIC INSURANCE OR PROVIDE THE FOLLOWING CREDIT CARD INFORMATION.**

VISA / MasterCard Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

**Mail/Fax Request To: Manitoba Public Insurance**  
**Arborg Service Centre**  
**323 Sunset Boulevard**  
**Box 418**  
**Arborg, MB R0C 0A0**  
**Fax: 204-985-8105 or Toll Free: 1-866-317-3267**

**OFFICE USE ONLY:**

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**\$10**

**FOR MORE INFORMATION CALL: 204-985-0980 or TOLL FREE: 1-866-323-0543**