FirstAdvantage

Canada Driver's Abstract (MVR) Consent Form Instructions

Updated: 27 Nov 2024

Form Names

- **CA-MVR (NB NL NT NU ON PE, SK) Consent Form (FADVCA-1)**
- **CA-MVR (MB) Consent Form (FADVCA-1)**
- **CA-MVR (QC) Consent Form (FADVCA-1)**
- **CA-MVR (NS) Consent Form (FADV-1)**
- **CA-MVR (MB) Consent Form (FADVCA-1)**
- **CA-MVR (YT) Consent Form (FADVCA-1)**

Purpose

When requesting Canada Driver's Abstracts, also known as Motor Vehicle Reports, an additional consent form is required. The specific form used will vary by Province or Territory.

The forms are in English. For the form in French, please contact Customer Service.

Province/Territory	Abbreviation	Form
Alberta	AB	Not Available
British Columbia	BC	CA-MVR (BC) Consent Form (FADVCA).pdf
Manitoba	MB	CA-MVR (MB) Consent Form (FADV-1)
New Brunswick	NB	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Newfoundland and Labr	NL	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Northwest Territories	NT	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Nova Scotia	NS	CA-MVR (NS) Consent Form (FADV-1)
Nunavut	NU	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Ontario	ON	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Prince Edward Island	PE	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Quebec	QC	CA-MVR (QC) Consent Form (FADVCA).pdf
Saskatchewan	SK	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)
Yukon	YT	CA-MVR (NB NL NT NU ON PE SK) Consent Form (FADVCA)

Form Completion – Alberta

A Driver's Abstract from Alberta Canada may not be obtained through a third party organization such as First Advantage. (www.servicealberta.gov.ab.ca/556.cfm.)

Two methods exist for an employer to obtain a subject's Alberta Driver's Abstract:

1. The Employer can obtain them for their own employees. Contact a Registry Office to set up an account for processing.
2. The subject can obtain a copy of their own Driver's Abstract. The process for a subject to obtain a Driver's Abstract is explained on the Service Alberta's website: http://www.servicealberta.gov.ab.ca/drivers-abstract.cfm.

- Abstracts can be issued for 3, 5, or 10 year periods.
- The subject will need to complete a Request for Personal Driving and Motor Vehicle Information form (http://www.servicealberta.gov.ab.ca/pdf/RequestForPersonalInformationREG3394.pdf) and specify the time frame they wish the report to cover. The subject can take this completed form, along with appropriate identification, to a Registry Office. Locating a Registry Office can be done through this website: www.servicealberta.ca/1641.cfm

Form Completion – British Columbia

First Section: We have pre-filled the required information in this section. The information relating to the "Search Fee" should not be completed. This will be completed by our local fulfillment Partner.

Please type or print clearly, illegible information cannot be processed.

Search fee enclosed $	OR Search fee account no:
NAME OF COMPANY Insurance Search Bureau of Canada DO NOT COMPLETE	
MAILING ADDRESS STREET / PO BOX / RR # 8160 Parkhill Drive	
CITY / PROVINCE / STATE Milton, Ontario	POSTAL CODE / ZIP CODE L9T 5V7

Companies with access to driver access:

The employer's name and any other company who will have access to the information should be listed in this section.

Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1 First Advantage Background Services Corp. & its Affiliated Entities	COMPANY NUMBER 5
COMPANY NUMBER 2	COMPANY NUMBER 6
COMPANY NUMBER 3	COMPANY NUMBER 7
COMPANY NUMBER 4	COMPANY NUMBER 8

Driver Information: This section is to be completed by the subject.

Driver information

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Name of Driver: _____
LAST FIRST MIDDLE

Address: _____
STREET / PO BOX / RR # CITY/PROVINCE/STATE POSTAL CODE /ZIP CODE

Date of Birth: _____ Driver's Licence Number: _____
(ddmmmyyyy)

_____ _____
SIGNATURE OF DRIVER DATE OF REQUEST

Form Completion – New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Ontario, PEI, Saskatchewan, Yukon

Complete the information requested on the BOTTOM of the form.

Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

First Name   Middle Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Last Name

Birth Date*: DD |__|__| MM |__|__| YYYY |__|__|__|__|

*Date of birth is mandatory for PEI, NB, NS and NL. Please note that it is preferred as an alternate search method for all provinces & territories.

Driver's License Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Province of Issue |__|__|

Applicant's Signature: ______________________ Today's Date: DD |__|__| MM |__|__| YYYY |__|__|__|__|

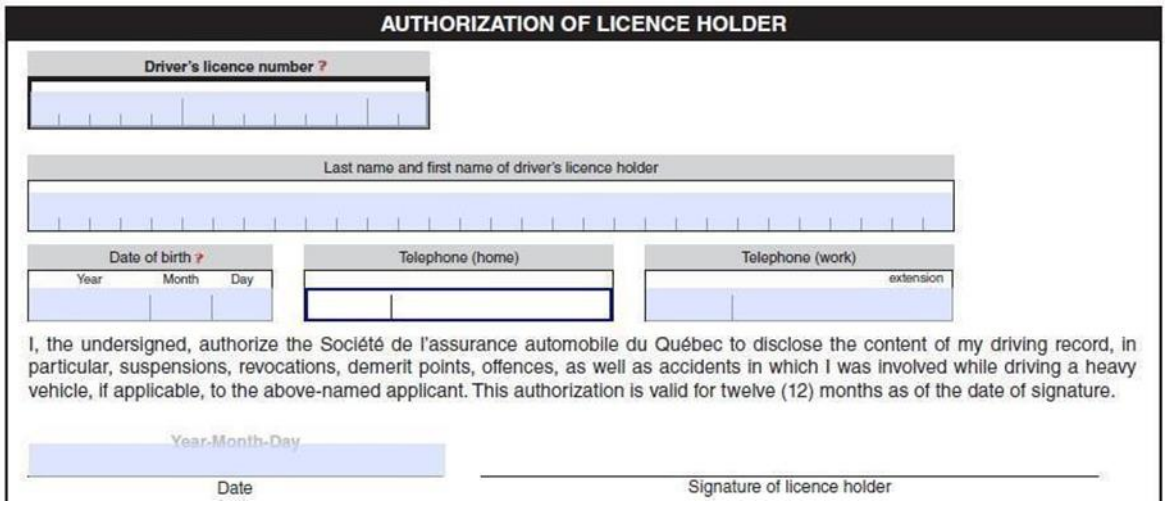
Form Completion – Quebec

This form must be completed by the subject and client and signed by the subject. It is available in both English and French.

The section located at the top of the form is to be completed by the client.

INFORMATION ON APPLICANT			
Company, agency or other			
Last name and first name of the person authorized to act on behalf of the applicant			
Address (Number, street, apt.)			
Municipality/Province	Postal code ?	Telephone ?	Ext.

The section on the bottom of the form is to completed by the subject



AUTHORIZATION OF LICENCE HOLDER

Driver's licence number ?

Last name and first name of driver's licence holder

Date of birth ? Year Month Day

Telephone (home)

Telephone (work) extension

I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle, if applicable, to the above-named applicant. This authorization is valid for twelve (12) months as of the date of signature.

Year-Month-Day

Date

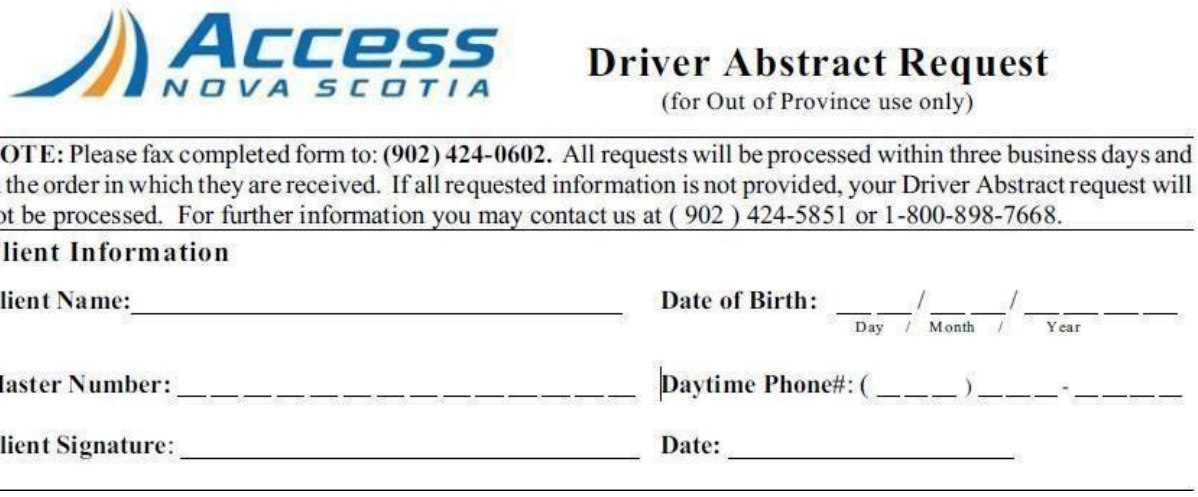
Signature of licence holder

Form Completion – Nova Scotia

The top of this form, "Client Information" needs to be completed by the subject. The rest of the form will be completed by First Advantage.

When the Client Information section is completed, the form should be returned to First Advantage. Do not fax the form to the number located on the form.

Client Name: Name of the Subject
Master Number: Driver's License Number



Access NOVA SCOTIA

Driver Abstract Request
(for Out of Province use only)

NOTE: Please fax completed form to: **(902) 424-0602.** All requests will be processed within three business days and in the order in which they are received. If all requested information is not provided, your Driver Abstract request will not be processed. For further information you may contact us at (902) 424-5851 or 1-800-898-7668.

Client Information

Client Name: _____ **Date of Birth:** __ __ / __ __ / __ __ __ __
Day / Month / Year

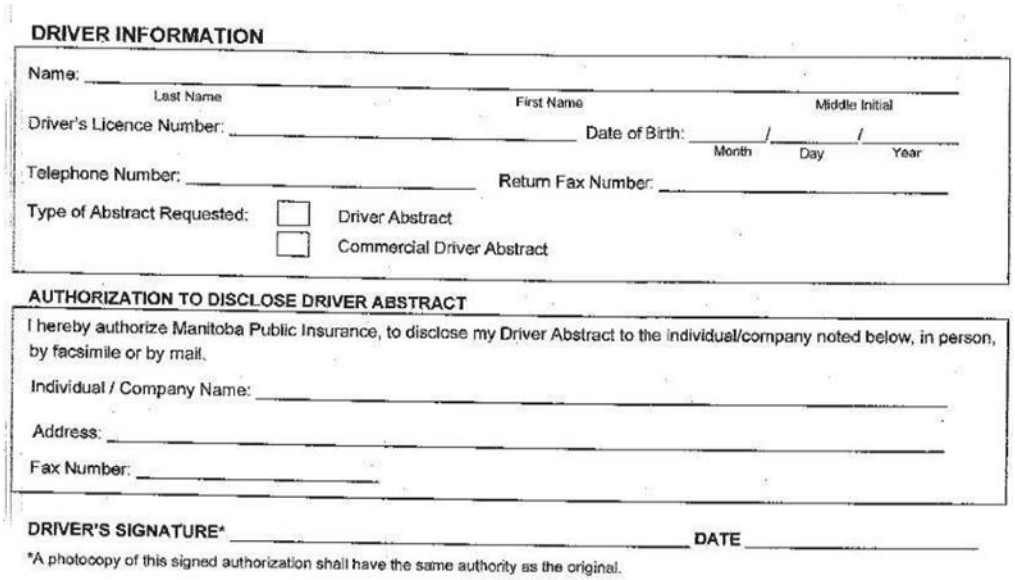
Master Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Daytime Phone#:** (_ _ _) _ _ _ - _ _ _ _

Client Signature: _____ **Date:** _____

Form Completion – Manitoba

- Complete Driver Information (name, license number, date of birth, phone number and check driver's abstract)
- Authorization to Disclose Driver Abstract: Complete with First Advantage information o

  Individual/Company Name: First Advantage Canada o Address: 59 Adelaide Street East, 3rd Floor, Toronto, ON M5C1K6 o Fax number: 416.961.0500 o Sign and date this section



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: _____

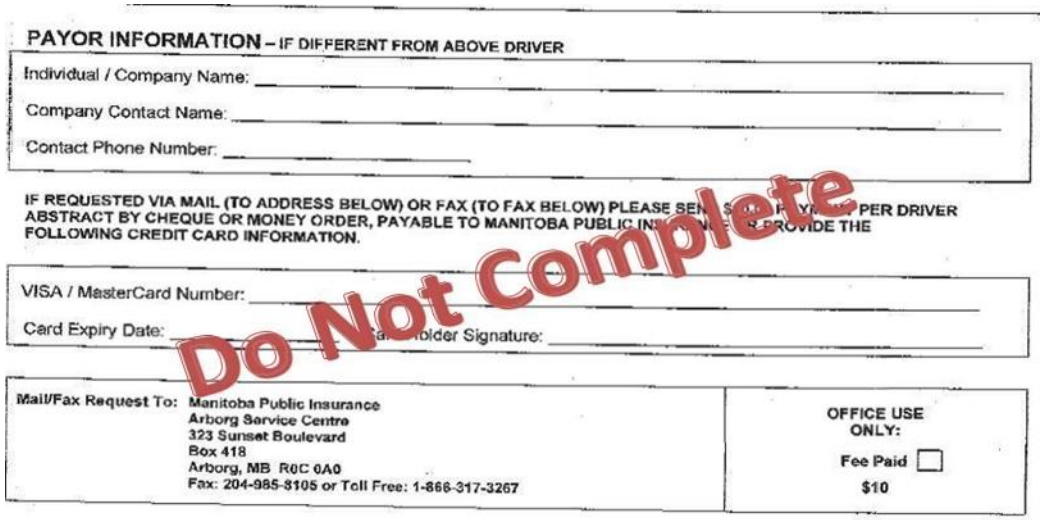
Address: _____

Fax Number: _____

DRIVER'S SIGNATURE* _____ **DATE** _____

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

- Pay information section will be completed by First Advantage
- Credit Card information will be completed by First Advantage



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 SEN… …PER DRIVER ABSTRACT BY CHEQUE OR MONEY ORDER, PAYABLE TO MANITOBA PUBLIC IN… …PROVIDE THE FOLLOWING CREDIT CARD INFORMATION.

VISA / MasterCard Number: _____

Card Expiry Date: _____ …lder Signature: _____

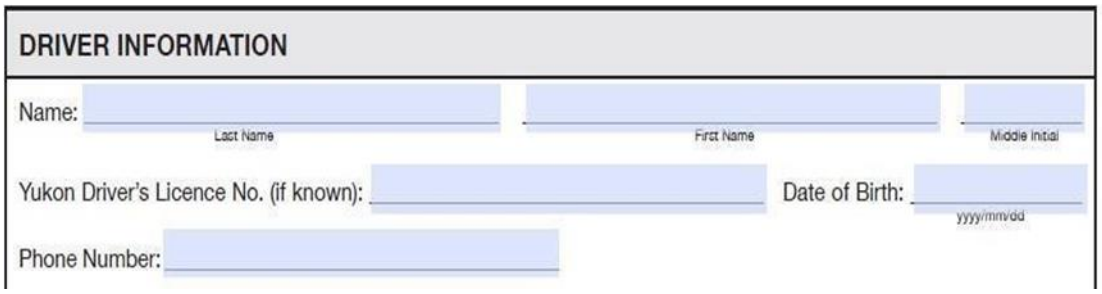
Do Not Complete

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:
Fee Paid ☐
$10

Form Completion – Yukon Territories

- Complete Driver Information – First and last name, middle initial, Yukon License number, date of birth and phone number



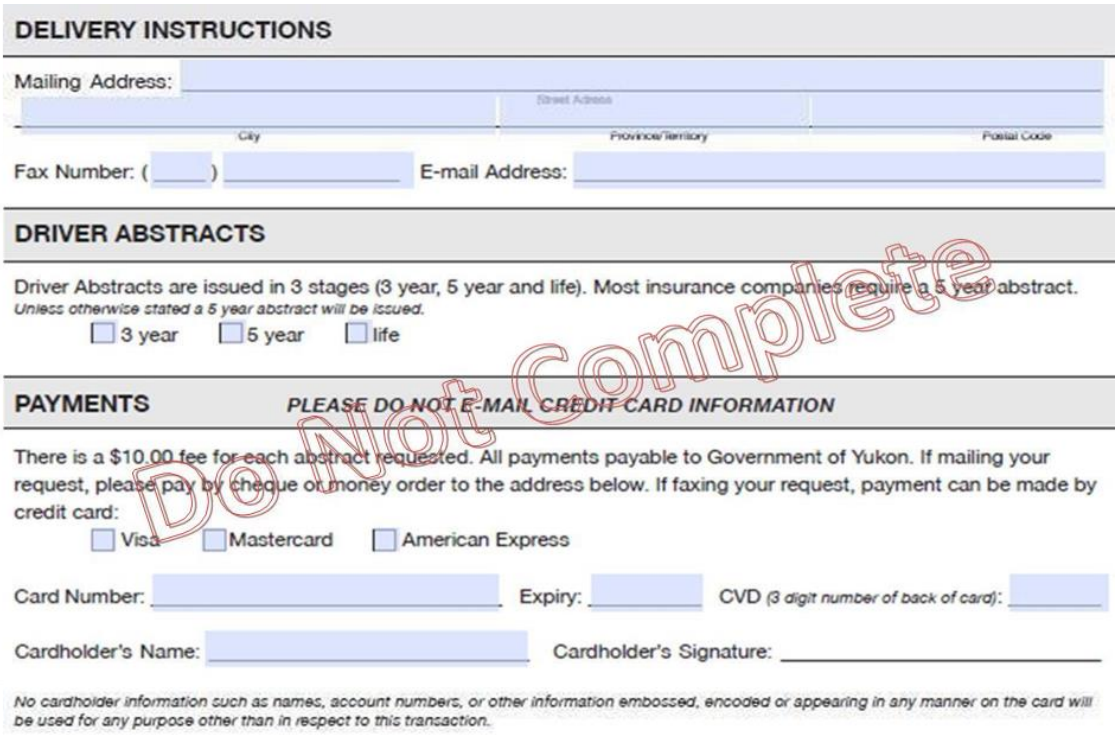
DRIVER INFORMATION

Name: _____ (Last Name) _____ (First Name) _____ (Middle Initial)

Yukon Driver's Licence No. (if known): _____ Date of Birth: _____ (yyyy/mm/dd)

Phone Number: _____

- Delivery instructions – Leave Blank
- Driver Abstracts – Leave Blank
- Payments – Leave Blank



DELIVERY INSTRUCTIONS

Mailing Address: _____ (Street Address) _____ (City) _____ (Province/Territory) _____ (Postal Code)

Fax Number: ( ) _____ E-mail Address: _____

DRIVER ABSTRACTS

Driver Abstracts are issued in 3 stages (3 year, 5 year and life). Most insurance companies require a 5 year abstract.
Unless otherwise stated a 5 year abstract will be issued.

☐ 3 year ☐ 5 year ☐ life

PAYMENTS *PLEASE DO NOT E-MAIL CREDIT CARD INFORMATION*

There is a $10.00 fee for each abstract requested. All payments payable to Government of Yukon. If mailing your request, please pay by cheque or money order to the address below. If faxing your request, payment can be made by credit card:

☐ Visa ☐ Mastercard ☐ American Express

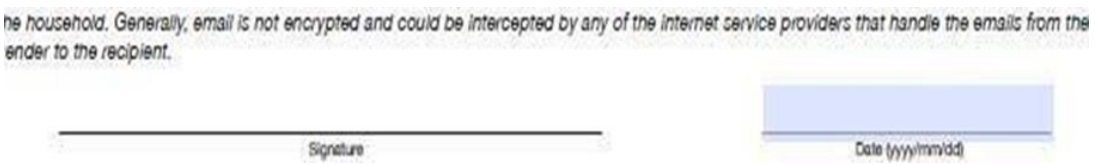
Card Number: _____ Expiry: _____ CVD *(3 digit number of back of card)*: _____

Cardholder's Name: _____ Cardholder's Signature: _____

No cardholder information such as names, account numbers, or other information embossed, encoded or appearing in any manner on the card will be used for any purpose other than in respect to this transaction.

Do Not Complete

Sign and date bottom of the form



he household. Generally, email is not encrypted and could be intercepted by any of the internet service providers that handle the emails from the ender to the recipient.

_____ (Signature) _____ (Date (yyyy/mm/dd))