Société de l'assurance automobile Québec

Authorization for the Disclosure of a Driving Record by the Société de l'assurance automobile du Québec– With Intermediary

Notice to the applicant and to the intermediary

This form must be sent together with the *Driving Record Search* (4941A).
Information entered on this form must not have been modified, crossed out or erased. Otherwise, the application may be refused.
Consult the fees required for each record.

To help us better process your application, please complete this form on-screen before printing.

INFORMATION ON APPLICANT

Company, organization or other (print)			
Last name and first name of the person authorized to act on behalf of the applicant (print)			
Address (Street number, street name, apt.)			
Municipality/Province	Postal code	Telephone	Ext.

INFORMATION ON INTERMEDIARY

Intermediary company or organization (print) **First Advantage Canada Inc.**			
Last name and first name of authorized person (print)			
Address (Street number, street name, apt.) **2 SHEPPARD AVENUE East, Unit 603**			
Municipality/Province **Toronto, ON**	Postal code **M2N 5Y7**	Telephone **4 1 6 | 9 6 1 - 1 6 1 1**	Ext.

Note: The intermediary agrees to use this information only to transmit it to the applicant.

AUTHORIZATION OF DRIVER'S LICENCE HOLDER

Driver's licence number

Fill all 13 spaces

Last name and first name of driver's licence holder

Date of birth	Telephone (home)	Telephone (work)
Year Month Day		Ext.

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

Year-Month-Day

Date

Signature of licence holder

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act,* the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information,* it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at saaq.gouv.qc.ca or contact the Société's call centre.

For information, call 418 528-3183 or 1 800 642-1865 (toll free)