

Driver Abstract/Claims Experience Letter 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 or Address:	_____		
Document Requested (Check all that apply):	Driver Abstract \$10 <input type="checkbox"/>	Commercial Driver Abstract \$10 <input type="checkbox"/>	
	Claims Experience Letter \$15 <input type="checkbox"/>		

AUTHORIZATION TO DISCLOSE DRIVER INFORMATION (if applicable)

I hereby authorize Manitoba Public Insurance to disclose the requested documents to the individual/company noted below as follows(select applicable)	
<input type="radio"/> One time use within 30 days from date signed	<input type="radio"/> Upon request by the individual/company for a period of two years from date signed. I understand I may revoke this authorization at any time by notifying the individual/company named below.
Individual / Company Name:	_____
Address:	_____
Fax Number:	_____

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

*A photocopy or other electronic copy of this signed authorization shall have the same authority as the original.

PAYOR INFORMATION – IF DIFFERENT FROM DRIVER

Individual / Company Name:	_____
Company Contact Name:	_____
Phone Number:	_____

If requested by mail, please include a cheque or money order payable to Manitoba Public Insurance or provide credit card information below.

If requested by fax, please provide the following credit card information:

VISA / MasterCard Number:	_____		
Card Expiry Date:	_____	Card Holder Signature:	_____

OFFICE USE ONLY:
Fee Paid
\$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/>

FOR MORE INFORMATION CALL: 204-985-7000 or TOLL FREE: 1-800-665-2410

SUBMIT FORM BY MAIL: Manitoba Public Insurance, Driver Records and Suspensions, Box 6300, Winnipeg, MB, R3C 4A4

SUBMIT FORM BY FAX: 204-985-8105 or TOLL FREE: 1-866-317-3267