



REQUEST FOR AUTHORIZATION

to Use
the Road Safety Symbol

I have taken cognizance of the rules governing use of the road safety symbol and I hereby express my intent to comply with those rules.

Organization Business Natural person: _____
Name

Name of applicant: _____

Title: _____

ADRESS

Number and street: _____

Town or city: _____ Province or territory: _____ Postal Code: _____

Telephone: | | | | - | | | | | Fax: | | | | - | | | | |

E-mail: _____ Website: _____

Briefly describe your organization or business:

For what purpose(s) will you be using the symbol?

Safety promotion Safety awareness Education Other, specify: _____

Area, province or territory where the symbol will be used:

Date of request: _____

Signature of applicant (authorized person): _____

If the applicant is a legal entity, submit a copy of signing authority.

Please send this signed request, by fax to 418 644-5861, or by mail in care of this address:

Société de l'assurance automobile du Québec

Direction des communications

333, boulevard Jean-Lesage, O-M-51

Case postale 19600

Québec (Québec) G1K 8J6

**Société de l'assurance
automobile**

Québec 