

**Notice to the applicant and representative**

- When more than one request is to be forwarded to the SAAQ, they must be sent together with the form entitled *Driving record search* (4941A). **A fee of \$10.75 is required per file.**
- Each application must be forwarded to the following department: Service de la diffusion et de la liaison avec les corps policiers at this address: 333, boulevard Jean-Lesage C-3-44, Case postale 19600 succ. Terminus, Québec (Québec) G1K 8J6.
- For more information, please contact the following department: Service de la diffusion et de la liaison avec les corps policiers at the following telephone number: 418 528-3183.

**INFORMATION ON THE APPLICANT**

Company, agency or other (in block letters)				
Name of the person authorized to act on behalf of the applicant (in block letters)				
Address (Number, street, apt.)				
Municipality / Province	Postal code	Area code	Telephone	Extension

**INFORMATION ON THE REPRESENTATIVE**

Name of representative (in block letters)				
Name of the authorized person (in block letters)				
Address (Number, street, apt.)				
Municipality / Province	Postal code	Area code	Telephone	Extension

**Note :** The representative undertakes to use the information only to convey it to the applicant.

**LICENCE HOLDER'S AUTHORIZATION**

<b>Driver's licence number</b>				
<input style="width: 100%; height: 20px;" type="text"/>				
Enter 13 characters.				
<b>Name of the driver's licence holder</b>				
<input style="width: 100%; height: 20px;" type="text"/>				
<b>Date of birth</b>			<b>Telephone (home)</b>	
Year	Month	Day	Area code	Extension
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<p>I, the undersigned, authorize de Société de l'assurance automobile du Québec to disclose the content of my driving record, including in particular suspensions, revocations, demerit points and heavy vehicle driving-related offences or accidents in which I was involved, if any, to the above-named applicant. This consent is valid for twelve (12) months from the date of signature.</p>				
<p>Year-Month-Day</p>				
<p>_____</p> <p>Date</p>			<p>_____</p> <p>Licence holder's signature</p>	

**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* 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. Individuals may consult or correct any personal information concerning them held in Société records.

For more information, contact the Société's call centres or consult the Policy on Privacy on the Société Web site at: [www.saaq.gouv.qc.ca](http://www.saaq.gouv.qc.ca).