Information

Erase

Société de l'assurance automobile Québec

Application for the driver's abstract of a person residing or temporarily living outside Québec

INFORMATION ON THE APPLICANT

Family name	First name

Québec driver's licence number ?	Date of birth ? Year Month Day	Telephone ? Office Home

AUTHORIZATION OF THE LICENCE HOLDER

Last address in Québec	Driver's abstract prepared in
	☐ French ☐ English

I authorize the Société to send me my driver's abstract

☐ at the following address: _____

or _____

☐ by fax at the following number: _____

Year-Month-Day

_____ Date

_____ Signature

Comments

_____

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

- For any information, call 418 528-3183
  toll-free 1 866 642-1865
- Fax 418 644-7167

- All applications must be sent to: Service de la diffusion et de la liaison avec les corps policiers
  Société de l'assurance automobile du Québec
  333, boulevard Jean-Lesage, C-3-44
  Case Postale 19600, succursale Terminus
  Québec (Québec) G1K 8J6

Print Form