

Please read the instructions overleaf and **PRINT** the information asked of you.

SECTION 1 – AUTHORIZATION							
I, the undersigned, _____	(Name)						

(Address)							
authorize the Société de l'assurance automobile du Québec to disclose to the applicant named in section 2:							
<input type="checkbox"/> any and all information the SAAQ holds on me in connection with the subject below.							
<input type="checkbox"/> only the following information the SAAQ holds on me in connection with the subject below:							

Specify the type of information and, if relevant, the purpose for which consent is given.							

<input type="checkbox"/> Driving record	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding: 2px;">Licence no. <small>(Shown under N° de dossier on some licences)</small></td> <td style="width: 40%; border-bottom: 1px solid black; padding: 2px;">Reference no.</td> </tr> </table>	Licence no. <small>(Shown under N° de dossier on some licences)</small>	Reference no.				
Licence no. <small>(Shown under N° de dossier on some licences)</small>	Reference no.						
<input type="checkbox"/> Vehicle registration	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px;">Make</td> <td style="width: 40%; border-bottom: 1px solid black; padding: 2px;">Model</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Licence plate no.</td> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Vehicle identification no. (VIN) <small>(Formerly called "Serial number")</small></td> </tr> </table>	Make	Model	Year	Licence plate no.	Vehicle identification no. (VIN) <small>(Formerly called "Serial number")</small>	
Make	Model	Year					
Licence plate no.	Vehicle identification no. (VIN) <small>(Formerly called "Serial number")</small>						
<i>NOTE: This consent covers only personal information about you held by the SAAQ. Information about someone else may not be disclosed without the person's consent or in accordance with legal provisions to that effect.</i>							
<input type="checkbox"/> Compensation	_____ Claim no.						
<input type="checkbox"/> Other matter	_____ Specify the subject						

SECTION 2 – APPLICANT	
Name: _____	
Position (if known): _____	
Address: _____	
_____ Postal code	
Tel. no.: (_____) _____	Fax no.: (_____) _____
<small>(area code)</small>	<small>(area code)</small>

SECTION 3 – SIGNATURE											
This consent form or its reproduction is valid until:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Year</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Month</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Day</td> </tr> </table>	Year	Month	Day							
Year	Month	Day									
_____ Signature	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Year</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Month</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Day</td> <td style="width: 10%; border-bottom: 1px solid black; padding: 2px;">(_____)</td> <td style="width: 10%; border-bottom: 1px solid black; padding: 2px;">Tel. no.</td> </tr> <tr> <td colspan="3"></td> <td style="padding: 2px;"><small>(area code)</small></td> <td></td> </tr> </table>	Year	Month	Day	(_____)	Tel. no.				<small>(area code)</small>	
Year	Month	Day	(_____)	Tel. no.							
			<small>(area code)</small>								

