



Driver's Licence Abstract Request

Insurance Corporation
of British Columbia
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012
Email: abstract.requests@icbc.com

Return abstract by email to: DIS-IR-Support@dyncare.ca

EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

| | | | | | | | |
|---|--|----|--------------------|--|----|--|--|
| Search fee enclosed \$ | | OR | Search fee account | | OR | Credit card payment* <input checked="" type="checkbox"/> | |
| NAME OF COMPANY Dyncare Insurance Solutions | | | | | | PHONE NUMBER 800-361-3771 | |
| MAILING ADDRESS 115 Midair Court | | | | | | STREET / PO BOX / RR# | |
| CITY / PROVINCE / STATE Brampton, ON | | | | | | POSTAL CODE / ZIP CODE L6T 5M3 | |

*If the fee is to be paid by credit card, a Driver Licensing Representative will contact you for the credit card information.
Please do not record any credit card information on this form.

Companies with access to driver abstract must be listed below before driver signs

| | |
|--|------------------|
| COMPANY NUMBER 1 Dyncare Insurance Solutions | COMPANY NUMBER 5 |
| COMPANY NUMBER 2 | COMPANY NUMBER 6 |
| COMPANY NUMBER 3 | COMPANY NUMBER 7 |
| COMPANY NUMBER 4 | COMPANY NUMBER 8 |

Driver information

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Name of Driver: _____
LAST FIRST MIDDLE

Address: _____
STREET / PO BOX / RR # CITY/PROVINCE /STATE POSTAL CODE/ZIP CODE

Date of Birth: _____ (ddmmmyyyy) Driver's Licence Number: _____

Phone Number: _____

SIGNATURE OF DRIVER

DATE OF REQUEST