

Driver Abstract/Claims Experience Letter Request Form

DRIVER INFORMATION

Name:	_____	_____	_____
	Last Name	First Name	Middle Initial
Driver's Licence Number:	_____	Date of Birth:	____ / ____ / ____
		Month	Day Year
Telephone Number:	_____		
Return Fax Number or Address:	416.493.1162 / 1.800.699.5052		
Document Requested (Check all that apply):	Driver Abstract \$10 <input checked="" type="checkbox"/>	Commercial Driver Abstract \$10	<input type="checkbox"/>
	Claims Experience Letter \$15	<input type="checkbox"/>	

AUTHORIZATION TO DISCLOSE DRIVER INFORMATION (if applicable)

I hereby authorize Manitoba Public Insurance to disclose the requested documents to the individual/company noted below as follows(select applicable)	
<input type="radio"/> One time use within 30 days from date signed	<input checked="" type="radio"/> Upon request by the individual/company for a period of two years from date signed. I understand I may revoke this authorization at any time by notifying the individual/company named below.
Individual / Company Name:	Dynacare Insurance Solutions
Address:	115 Midair Court, Brampton, ON L6T 5M3
Fax Number:	416.493.1162 / 1.800.699.5052

DRIVER'S SIGNATURE* _____ **DATE** _____

*A photocopy or other electronic copy of this signed authorization shall have the same authority as the original.

PAYOR INFORMATION – IF DIFFERENT FROM DRIVER

Individual / Company Name:	Dynacare Insurance Solutions
Company Contact Name:	_____
Phone Number:	_____

If requested by mail, please include a cheque or money order payable to Manitoba Public Insurance or provide credit card information below.

If requested by fax, please provide the following credit card information:

VISA / MasterCard Number:	_____	
Card Expiry Date:	_____	Card Holder Signature: _____

OFFICE USE ONLY:

Fee Paid

\$10 \$15 \$20 \$25

FOR MORE INFORMATION CALL: 204-985-7000 or TOLL FREE: 1-800-665-2410

SUBMIT FORM BY MAIL: Manitoba Public Insurance, Driver Records and Suspensions, Box 6300, Winnipeg, MB, R3C 4A4

SUBMIT FORM BY FAX: 204-985-8105 or TOLL FREE: 1-866-317-3267