

DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Department of Transportation, in the Northwest Territories, to release my driver record abstract to:

(Name of Company/Individual)

(and if applicable) through its representative:

Dynacare Insurance Solutions
(Fax: 1-800-699-5052, Email: DIS-IR-Support@dynacare.ca)

(Authorized Agent/Individual)

Driver's Name:

(Print Name in Full)

_____ **(Last)**

_____ **(First)**

Licence Number:

Date of Birth:

(Print in Full)

_____ **(Year/Month/Day)**

*A photocopy of this signed authorization shall have the same authority as the original.

Signature: _____

Date: _____