



REQUEST FORM FOR DRIVER'S ABSTRACTS, SEARCHES AND ACCIDENT REPORTS

Please indicate which information you are requesting; if you are not picking up or arranging for delivery of the form to yourself, please submit a separate signed letter authorizing the release of the information that you are requesting.

Date of Request		Signature	
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DRIVER'S ABSTRACT (\$12.60 FEE)

Name (first, last)							
Date of birth (dd/mm/yyyy)							
Driver's Licence Number (requires 6-digit Nunavut driver's license number)							

SEARCHES (\$12.10 FEE)

License Plate Number																
Validation Tag Number																
Vehicle Identification Number																
Other																

ACCIDENT REPORTS (\$12.10 FEE)

File Number							
Date of Accident (dd/mm/yyyy)							
Parties Involved							
Validation Tag Number							

AUTHORIZATION TO RELEASE OF INFORMATION

Send report to myself	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I hereby authorize the Motor Vehicles Division to send this report to:	
Name	Dynacare Insurance Solutions
Mailing Address	
Email Address	DIS IR-Support@dynacare.ca

TO BE FILLED OUT BY MOTOR VEHICLES OR AGENT

Requested by			
Date (dd/mm/yyyy)			
Company name			
Interim Receipt #		Amount	
Issued by			
Signature (of Issuer)			



REMITTANCE SLIP

Please indicate method of payment for the attached invoices:

VISA MasterCard AMEX (not available in Rankin Inlet)

Total Remittance: _____

Card Holder Name

Credit Card Number

Expiry Date

Signature