Driver Abstract Request

(for Out of Province use only)

NOTE: Please fax completed form to: **(902) 424-0602.** All requests will be processed within three business days and in the order in which they are received. If all requested information is not provided, your Driver Abstract request will not be processed. For further information you may contact us at (902) 424-5851 or 1-800-898-7668.

Client Information

Client Name: _____ **Date of Birth:** ___ ___ / ___ ___ / ___ ___ ___ ___
Day / Month / Year

Master Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Daytime Phone#:** (___) ___ - ___ ___

Client Signature: _____ **Date:** _____

Reason Driver Abstract is required:

(For more information on abstract types visit: http://novascotia.ca/snsmr/rmv/licence/abstracts.asp)

☐ Employment ☐ Insurance ☐ Other Motor Vehicle Department ☐ Client / Taxi Licence

To forward your abstract to an insurance company or employer on your behalf we require either:

Contact Name: _____ Or Policy / Ref Number: _____

Please check manner to receive Driver Abstract:

☐ By Fax to: (___) ___ - ___ (include area code)

☐ By Mail to: Name: _____

Street: _____

City/Town: _____

Province: _____ Postal Code: _____

Terms of Credit Card Use: By signing this form, I authorize Access NS / RMV to use the credit card details below to process payment for the attached batch of transactions. Access NS / RMV will destroy the credit card information after this batch of transactions is processed and will not use for any other purpose.

Credit Card Holder Signature: _____ **Date:** _____

(Cut and shred this section after processing)

Credit Card Payment Details

☐ Visa (16 digits) ☐ MasterCard (16 digits) ☐ American Express (15 digits)

Account Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date: ___ / ___
M M / Y Y

Card Holder Name: _____
(Please Print Clearly)