

**Newfoundland and Labrador Canadian Driving Record Abstract Release and  
Authorization**

**Please return this form to your company contact when completed.**

**Driver Information:**

**Full Name (as it appears on the driver's license)**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** (     ) \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**I hereby authorize the Government of Newfoundland and Labrador to disclose all information concerning my driving record, including convictions, motor vehicle accidents and my driving status to Vertical Screen, Inc. and all subsidiaries at the fax number on this request.**

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**Date:**

**Credit Card information for payment:**

**Credit Card number:** \_\_\_\_\_

**Credit Card expiry date:** \_\_\_\_\_

**Credit Card Holder signature:** \_\_\_\_\_

**Please fax abstract to 215-396-2653.**