Société de l'assurance automobile Québec

Authorization for the Disclosure of a Driving Record by the Société de l'assurance automobile du Québec – Through an Intermediary

Notice to the applicant and intermediary

This form must be sent together with the Driving Record Search form (4941A). Information entered on this form must not have been modified, crossed out or erased, or the application may be refused.

INFORMATION ON APPLICANT

Company, agency or other			
Last name and first name of the person authorized to act on behalf of the applicant			
Address (Number, street, apt.)			
Municipality/Province	Postal code	Telephone	Ext.

INFORMATION ON INTERMEDIARY

Company or agency acting as intermediary **HireRight**			
Last name and first name of authorized person **Records Department**			
Address (Number, street, apt.) **70 University Avenue, Suite 710, Box 9**			
Municipality/Province	Postal code	Telephone	Ext.
Toronto, ON	**M5J 2M4**	**416** **956-5000**	

Note: The intermediary agrees to use the information for the sole purpose of transmitting it to the applicant.

AUTHORIZATION OF LICENCE HOLDER

Driver's licence number

Fill all 13 spaces

Last name and first name of driver's licence holder

Date of birth (Year, Month, Day)

Telephone (home)

Telephone (work) extension

I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle, if applicable, to the above-named applicant. This authorization is valid for twelve (12) months as of the date of signature.

Year-Month-Day

Date

Signature of licence holder

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records.

For more information, consult the Policy on Privacy on the Société's Web site at www.saaq.gouv.qc.ca or contact the Société's call centre.

- For any information, call 418 528-3183
  toll-free 1 866 642-1865

- All applications must be sent to: Division de la diffusion (act. 850)
  Société de l'assurance automobile du Québec
  333, boulevard Jean-Lesage
  Case postale 19600, succursale Terminus
  Québec (Québec) G1K 8J6