



# Driver's Licence Abstract Request

DO NOT WRITE ABOVE LINE

Return abstract by:

Mail

Fax 800-261-7236  
FAX NUMBER

Email \_\_\_\_\_  
EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

Search fee enclosed \$	OR Search fee account no:	
NAME OF COMPANY <b>APPLICANT INSIGHT</b>		
MAILING ADDRESS STREET / PO BOX / RR# <b>PO BOX 458</b>		
CITY / PROVINCE / STATE <b>NEW PORT RICHEY</b>		POSTAL CODE / ZIP CODE

If you wish to charge the Search Fee to Visa or MasterCard, please include the information below:

Credit Card Number	Expiry Date	Name as it appears on Credit Card
	____/____	

Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1 <b>APPLICANT INSIGHT, INC.</b>	COMPANY NUMBER 5
COMPANY NUMBER 2	COMPANY NUMBER 6
COMPANY NUMBER 3	COMPANY NUMBER 7
COMPANY NUMBER 4	COMPANY NUMBER 8

### Driver information

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Name of Driver: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET / PO BOX / RR # CITY/PROVINCE/STATE POSTAL CODE / ZIP CODE

Date of Birth: \_\_\_\_\_ Driver's Licence Number: \_\_\_\_\_  
YEAR MONTH DAY

Signature of Driver \_\_\_\_\_ Date of Request: \_\_\_\_\_  
YEAR MONTH DAY