



Insurance Corporation of British Columbia

Licensing Support Services  
PO Box 3750  
Victoria, British Columbia  
V8W 3Y5

Telephone 250-414-7732  
Fax 250-978-8012

**Driver's Licence Abstract Request**

Return abstract by:

- Mail
- Fax \_\_\_\_\_  
FAX NUMBER
- Email \_\_\_\_\_  
EMAIL ADDRESS

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

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

**If you wish to charge the Search Fee to Visa, MasterCard or American Express, 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	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: \_\_\_\_\_  
(dmmmyyyy)

\_\_\_\_\_  
SIGNATURE OF DRIVER DATE OF REQUEST