

Notice to the Applicant and Representative

- When more than one request is to be forwarded to the SAAQ, they must be sent together with the form entitled Driving Record Search (4941A). A fee of \$10 is required per file.
- Each applicant must be forwarded to the following department: Service de la diffusion et de la liaison aux corps policiers at this address: 333 Jean-Lesage C-3-44, P.O. Box 19600 Terminus Postal Station, Québec City, Québec G1K 8J6
- For more information, please contact the following department: Service de la diffusion et de la liaison aux corps policiers at the following telephone number: 418-528-3183.

Information on the applicant		
Name of applicant (company or agency) in block letters		
Name of the authorized person (in block letters)		
Address (No., street, apt.)		
Municipality	Postal Code	Telephone No. (area code)

Information on the representative (Firm or agency specialized in information transmission)		
Name of representative (in block letters)		
ADR, INC.		
Name of the authorized person (in block letters)		
BILLIE LEE		
Address (No., street, apt.)		
2860 GOLD TAILINGS COURT		
Municipality	Postal Code	Telephone No. (area code)
RANCHO CORDOVA, CA, USA	95670	916-456-3200
Note: The representative undertakes to use the information only to convey it to the applicant.		

License holder's authorization											
<table border="1" style="width: 100%;"> <tr> <th style="text-align: center;">Driver's license number</th> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> <p>Enter 13 characters</p>			Driver's license number								
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<table border="1" style="width: 100%;"> <tr> <th style="text-align: center;">Name of the driver's license holder</th> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>			Name of the driver's license holder								
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Year Month Day											
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(area code)											
Telephone No. (work)											
(area code)											
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, including suspensions, revocation, demerit points and heavy vehicle driving-related offenses, if any, to the applicant above. This consent is valid for twelve (12) months from the date of signature.</p>											
<p>_____</p> <p style="text-align: center;">License holder's signature</p>		<table border="1" style="width: 100%;"> <tr> <th style="text-align: center;">Date</th> </tr> <tr> <td style="text-align: center;">Year Month Day</td> </tr> <tr> <td style="height: 30px;"></td> </tr> </table>	Date	Year Month Day							
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