

# Driver Abstract/Claims Experience Letter Request Form

## DRIVER INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Driver's Licence Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Telephone Number: \_\_\_\_\_

Return Fax Number or Address: \_\_\_\_\_

Document Requested (Check all that apply): Driver Abstract \$10  Commercial Driver Abstract \$10   
 Claims Experience Letter \$15

## AUTHORIZATION TO DISCLOSE DRIVER INFORMATION (if applicable)

I hereby authorize Manitoba Public Insurance to disclose the requested documents to the individual/company noted below as follows(select applicable)  One time use within 30 days from date signed  Upon request by the individual/company for a period of two years from date signed. I understand I may revoke this authorization at any time by notifying the individual/company named below.

Individual / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**DRIVER'S SIGNATURE\*** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*A photocopy or other electronic copy of this signed authorization shall have the same authority as the original.

## PAYOR INFORMATION – IF DIFFERENT FROM DRIVER

Individual / Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If requested by mail, please include a cheque or money order payable to Manitoba Public Insurance or provide credit card information below.

If requested by fax, please provide the following credit card information:

VISA / MasterCard Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

Fee Paid

\$10  \$15  \$20  \$25

FOR MORE INFORMATION CALL: 204-985-7000 or TOLL FREE: 1-800-665-2410

SUBMIT FORM BY MAIL: Manitoba Public Insurance, Driver Records and Suspensions, Box 6300, Winnipeg, MB, R3C 4A4

SUBMIT FORM BY FAX: 204-985-8105 or TOLL FREE: 1-866-317-3267