

DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licencing, in the Province of Manitoba, to release my driver record abstract to:

(Name of Company/Individual)

(and if applicable) through its representative:

Hooper-Holmes Canada Limited (Fax 1-800-699-5052)

(Authorized Agent/Individual)

Driver's Name:
(Print Name in full)

(Last)

(First)

Initial

Licence Number:

Date of Birth:
(Print in full)

(Year/Month/Day)

*A photocopy of this signed authorization shall have the same authority as the original.

Signature: _____

Date: _____