

## DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Department of Transportation, in the Northwest Territories, to release my driver record abstract to:

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(Name of Company/Individual)

(and if applicable) through its representative:

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

(Authorized Agent/Individual)

**Driver's Name:**

(Print Name in Full)

(Last)

(First)

**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: \_\_\_\_\_