

## **DRIVER ABSTRACT REQUEST FORM**

DRIVER INFORMATION			
Name:		First Name	Middle Initial
Yukon Driver's Licence No. (if known):		Date of Birth:	yyyy/mm/dd
DELIVERY INSTRUCTIONS			
Mailing Address:	Street Adress		
City	Province/Territor	ry	Postal Code
Fax Number: ( )	E-mail Address:		
DRIVER ABSTRACTS			
Driver Abstracts are issued in 3 stages (3 year, 5 year and life). Most insurance companies require a 5 year abstract.  Unless otherwise stated a 5 year abstract will be issued.  3 year 5 year life			
PAYMENTS PLEASE DO N	IOT E-MAIL CREDIT CARD II	NFORMATION	
There is a \$10.00 fee for each abstract requested. All payments payable to Government of Yukon. If mailing your request, please pay by cheque or money order to the address below. If faxing your request, payment can be made by credit card:			
Card Number:	Expiry:	CVD (3 digit number of back or	f card):
Cardholder's Name: Cardholder's Signature:			
No cardholder information such as names, account numbers, or other information embossed, encoded or appearing in any manner on the card will be used for any purpose other than in respect to this transaction.			
Yukon Motor Vehicles cannot guarantee the confidentiality of an e-mail response. E-mail is not considered a secure method of communication and personal information could potentially be read by an unauthorized person or persons. Emails sent to and from work computers could potentially be read by an employer and emails sent to a home address may be read by anyone with access to that home computer such as other members of the household. Generally, email is not encrypted and could be intercepted by any of the internet service providers that handle the emails from the sender to the recipient.			
Signature		. Date (yyyy/mm/dd	)
Mail Request to: Yukon Motor Vehicles Box 2703 W-22 Whitehorse, Yukon Y1A 2C6	Fax Request to: (867) 393-6220 Yukon Motor Vehicles	E-mail Request to: Fully completed and can be scanned and Motor.Vehicles@gov.	e-mailed to