



# Driver Abstract 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 No. or Address: \_\_\_\_\_

Type of Abstract Requested: ☐ Driver Abstract ☐ Commercial Driver Abstract

## AUTHORIZATION TO DISCLOSE DRIVER ABSTRACT

I hereby authorize Manitoba Public Insurance to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or by mail.

Individual / Company Name: \_\_\_\_\_ First Financial Underwriting Services Inc.

Address: \_\_\_\_\_ 85 Scarsdale Road, Suite 101, Toronto, ON M3B2R2

Fax Number: \_\_\_\_\_ 800 571 3477

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

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

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