

**Notice to the applicant and to the intermediary**

The information on this form must not have been modified, crossed out or erased. Otherwise, the application may be refused.

To help us better process **your application**, please complete this form on-screen before printing.

INFORMATION ON APPLICANT				
Company, organization or other <b>Solutions d'assurance Dynacare</b>				
Last name and first name of the person authorized to act on behalf of the applicant				
Address (Street number, street name, apt.) <b>10945, boul. Louis-H.-Lafontaine, bureau 201</b>				
Municipality/Province <b>Montréal (Québec)</b>	Postal code <b>H1J 2E8</b>	Telephone	Ext.	Policy number

INFORMATION ON INTERMEDIARY			
Intermediary company or organization <b>Conseillers en systèmes d'information et en gestion CGI inc.</b>			
Last name and first name of the authorized person <b>Officer in charge of the Technical Assistance Center</b>			
Address (Street number, street name, apt.) <b>1350, Blvd. René-Lévesque West, 15th Floor</b>			
Municipality/Province <b>Montréal, Québec</b>	Postal code <b>H3G 1T4</b>	Telephone	Ext.

Note: The intermediary agrees to use this information only to transmit it to the applicant.

AUTHORIZATION OF DRIVER'S LICENCE HOLDER			
Driver's licence number			
<input type="text"/>			
Fill all 13 spaces			
Last name and first name of driver's licence holder			
<input type="text"/>			
Date of birth		Telephone (home)	Telephone (work)
Year	Month	Day	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose to the applicant indicated above the content of my driving record, including, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle, if applicable. This authorization is valid for twelve (12) months as of the date of signature.</p>			
Date (Year-Month-Day)		Signature of licence holder	
<input type="text"/>		<input type="text"/>	

**Protection of Personal Information**

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca) or contact the Société's call centre.

For information, contact the intermediary:  
 1 888 430-9906  
 Email: [insurance.helpdesk@cgi.com](mailto:insurance.helpdesk@cgi.com)

If you are the licence holder:  
 Please return this form, duly signed, to the applicant