

Authorization for the Disclosure of a Driving Record by the Société de l'assurance automobile du Québec

Avec vous,
au cœur de votre sécurité

Notice to the applicant

This form must be sent together with the [Driving Record Search](#) form (4941A). The information entered below must not have been modified, crossed out or erased. Otherwise the application may be refused. [Refer to the SAAQ website for more information about the fees required for each record.](#)

To help us better process your application, please complete this form on-screen before printing. If you are filling out this form by hand, please print clearly.

APPLICANT

Company, organization or other			
Last name and first name of the person authorized to act on behalf of the applicant			
Address (street number, street name, apt.)			Municipality
Province	Postal code	Telephone	Ext.

AUTHORIZATION OF THE DRIVER'S LICENCE HOLDER

Driver's licence number			
<input type="text"/>			
Last name and first name of the driver's licence holder			
<input type="text"/>			
Date of birth (Year-Month-Day)	Telephone (home)	Telephone (work)	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 the content of my driving record, in particular any suspensions, revocations, demerit points or offences, as well as any accidents in which I was involved while driving a heavy vehicle, to the above-named applicant. This authorization is valid for 12 months as of the date of signature.</p>			
Signature of licence holder		Date (Year-Month-Day)	
<input type="text"/>		<input type="text"/>	

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.

- For information, call 418-528-3183 or 1-866-642-1865 (toll-free)

- All applications must be sent to
Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6