



Driver's Licence Abstract Request

Insurance Corporation
of British Columbia
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012
Email: abstract.requests@icbc.com

Return abstract by email to: _____
EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

Search fee enclosed \$		OR	Search fee account		OR	Credit card payment* <input type="checkbox"/>	
NAME OF COMPANY						PHONE NUMBER	
MAILING ADDRESS				STREET / PO BOX / RR#			
CITY / PROVINCE / STATE						POSTAL CODE / ZIP CODE	

*If the fee is to be paid by credit card and you have received an email from a Driver Licensing Representative to indicate your request has been received, you must call the Licensing Unit to make the payment. Our business hours are Monday to Friday 8:30am – 4:30pm (Pacific Time).

Please do not record any credit card information on this form.

Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1	COMPANY NUMBER 5
COMPANY NUMBER 2	COMPANY NUMBER 6
COMPANY NUMBER 3	COMPANY NUMBER 7
COMPANY NUMBER 4	COMPANY NUMBER 8

Driver information

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Please check 1 box only.**

- 5 year public abstract OR
- National Safety Code (NSC) abstract

**If no box is checked, default abstract provided will be 5 year public abstract.

Name of Driver: _____
LAST FIRST MIDDLE

Address: _____
STREET / PO BOX / RR # BC CITY/PROVINCE /STATE POSTAL CODE/ZIP CODE

Date of Birth: _____ (ddmmmyyyy) Driver's Licence Number: _____

Phone Number: _____

SIGNATURE OF DRIVER

DATE OF REQUEST