



Insurance Corporation of British Columbia

Licensing Support Services
PO Box 3750
Victoria, British Columbia
V8W 3Y5

Telephone 250-414-7732
Fax 250-978-8012

Driver's License Abstract Request

Return abstract by:

Mail

Fax 888-522-8668
FAX NUMBER

Email _____
EMAIL ADDRESS

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

| | | | |
|--|----|------------------------|------------------------|
| Search fee enclosed \$ | OR | Search fee account no: | |
| NAME OF COMPANY SambaSafety | | | |
| MAILING ADDRESS STREET / PO BOX / RR# 8814 Horizon Blvd. Suite 100 | | | |
| CITY / PROVINCE / STATE Albuquerque NM, 87113 | | | POSTAL CODE / ZIP CODE |

If you wish to charge the Search Fee to Visa or MasterCard, please include the information below:

| | | |
|--------------------|-------------|-----------------------------------|
| Credit Card Number | Expiry Date | Name as it appears on Credit Card |
| | ____/____ | |

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.

Name of Driver: _____
LAST FIRST MIDDLE

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

Date of Birth: _____ Driver's License Number: _____
YEAR MONTH DAY

Signature of Driver _____ Date of Request: _____
YEAR MONTH DAY