AUTOMOBILE
AUTHORIZATION FOR DRIVING RECORD

Box 2680, #100, 8657 - 51 Avenue, Edmonton, AB T5J 1K7
Phone: (780) 469-5700 Fax: (780) 469-8492

Date: _____

Broker: _____

Insured: _____

Policy No.: _____

I hereby authorize the Motor Vehicles Division to disclose all details of my driving record, including accidents, convictions and suspensions to **The Wawanesa Mutual Insurance Company**.

Name: _____

Driver's License No: _____

Date of Birth: _____

Signature: _____

Please have the above signed and return as soon as possible.