



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 Licence Abstract Request

Return abstract by:

Mail

Fax 916-456-3332

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# 11040 White Rock Road Suite 200	
CITY / PROVINCE / STATE Rancho Cordova, CA 95670	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 _____
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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 Licence Number: _____
YEAR MONTH DAY

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