



DRIVER ABSTRACT REQUEST

I, _____ of _____,
Full Name Full Address

declare that my Driver's Licence Number is: _____. My Date of Birth is: _____.
Month, Day, Year

WAIVER

I, _____, hereby authorize Road Licensing and Safety Division and/or its
Client Name Issuing Agent to release my Driver Abstract and all the information contained therein to _____.
Receiver Name

PAYMENT

Please charge fee of \$19.00 to the following credit card:

Card Holder Name _____ Type of Card _____
Card Number _____ Expiry Date _____

CONTACT INFORMATION

My contact information is:

Phone: _____

Fax: _____

E-Mail: _____

Client Signature

Date

Please send requests to:

Driver & Vehicle Licensing – Yellowknife Office
5015-49th Street, 1st Floor, NGB
Box 1320, Yellowknife NT X1A 2L9
Phone: 867-873-7487
Fax: 867-669-9094