



2.1.11a

REPORT REQUESTS

DRIVER'S ABSTRACTS / SEARCHES / ACCIDENT REPORTS

Please indicate which information you are requesting; if you are not picking up or arranging for delivery of the form to yourself, please submit a separate signed letter authorizing the release of the information that you are requesting!

Date of Request:	
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DRIVER'S ABSTRACTS / SEARCHES	
Name (first, last)	
Date of Birth (dd/mm/yy)	
Driver's Licence Number	
PLATE NUMBER	n/a
VALTAG NUMBER	n/a
V.I.N. NUMBER	n/a
OTHER	n/a
Signature	

ACCIDENT REPORTS	
File Number	
Date of Accident (dd/mm/yy)	
Parties Involved	
VALTAG NUMBER	
Signature	

Authorization to Release of Information			
Send report to myself	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
I hereby authorize the Motor Vehicles Division to send this report to:			
Name			
Address			
Signature			
TO BE FILLED OUT BY MOTOR VEHICLES OR AGENT			
Requested by:			
Date:			
Company Name:			
Signature of Issuer:			
Interim Receipt #:		Amount:	
Issued by:			



Motor Vehicles Division
Dept. of Economic Development & Transportation
P.O. Box 1000 Station 1575
Iqaluit, NU X0A 0H0
Phone: (867) 975-7841 Fax: (867) 975-7820

REMITTANCE SLIP

Please indicate Method of Payment for the attached invoice(s):

_____ **VISA**
_____ **MasterCard**

Total Remittance: \$ _____

Card Holder Name

Credit Card Number **Expiry Date**

Signature

Listed below is the mailing address and confidential fax number.

