

## MANITOBA DRIVER RECORD AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licencing in the Province of Manitoba, to release my driver record abstract to:

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(Name of Insurance Company)

(and if applicable) through its representative:

First Financial Underwriting Services Inc.

Tel: 1-888-750-7388

Fax: 1-888-750-7386

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(Authorized Agent/Individual)

DRIVER'S NAME

(PRINT NAME IN FULL)

\_\_\_\_\_

(LAST NAME)

\_\_\_\_\_

(FIRST NAME)

\_\_\_\_\_

(INITIAL)

LICENCE NUMBER \_\_\_\_\_

DATE OF BIRTH

(PRINT IN FULL)

\_\_\_\_\_

(YEAR/MONTH/DAY)

\*a photocopy of this signed authorization shall have the same authority as the original

\*Signature \_\_\_\_\_

Date \_\_\_\_\_