

# Employer Abstract Authorization Form



2260 - 11th Avenue  
Regina, SK S4P 2N7

I, the undersigned driver, hereby authorize Saskatchewan Government Insurance to disclose all information concerning my driving record including all personal and National Safety Code (NSC) commercial convictions, motor vehicle collisions, CVSA(on road) inspections when indicated and my driving status to:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Return Fax No. or Address: \_\_\_\_\_

**There is a \$10 fee for each abstract requested. All payments payable to SGI.  
If mailing your request, please pay by cheque or money order to the address below.  
If faxing your request, payment can be made by credit card:**

Visa  American Express  MasterCard

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Card Expiry Date: \_\_/ \_\_

No cardholder information such as names, account numbers, or other information embossed, encoded or appearing in any manner on the card will be used for any purpose other than in respect to the transactions.

**Driver Information:** Driver/Plate record will not be released without the driver's authorized signature.

NSC/ CDA Y / N	Driver's Full Name	Date of Birth DD / MM / YYYY	Sask. Driver's Licence No.	Driver Signature	DD / MM / YYYY
<input type="checkbox"/>		/ /			/ /
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Records are issued for a minimum of 5 years, however they are available from January 1, 1995. Unless otherwise stated, the maximum number of years will be used.

Please indicate the number of years required: \_\_\_\_

Date of Request: \_\_\_\_\_

Mail Request To:  
Saskatchewan Government Insurance  
Driver Abstracts  
2260 - 11th Avenue  
Regina, Saskatchewan S4P 2N7

Fax Request To:  
306-775-6681  
Saskatchewan Government Insurance  
Driver Abstracts

Email Request To:  
Fully completed and signed  
form can be scanned and  
emailed to [drabst@sgi.sk.ca](mailto:drabst@sgi.sk.ca)