



Driver's Licence Abstract Request

Return abstract by:

DO NOT WRITE ABOVE LINE

Mail

Fax 1-800-313-0956
FAX NUMBER

Email mvr@ucsgroup.ca
EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

Search fee enclosed \$	OR Search fee account no:	
NAME OF COMPANY ExamOne/Underwriting Compliance Services Ltd.		
MAILING ADDRESS STREET / PO BOX / RR# 7-25 Valleywood Drive		
CITY / PROVINCE / STATE Markham, Ontario L3R 5L9 1-800-644-4349		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

Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1 ExamOne/Underwriting Compliance Services Ltd.	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