

Request for Personal Driving and Motor Vehicle Information

This form is for use by a person who is present in the office of a Registry Agent and is requesting the release of his/her personal driving and/or motor vehicle information pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information (AMVIR).

,	C	of			
Name		Address	Street		
				()
City /Town /Village	Province	Posta	Code		Telephone Number
eclare that my operator's licence nu	mber is:		. and mv bir	rth date i	s:
, , ,			, , ,		yyyy / mm / dd
n accordance with the Access to Mo formation by Alberta Registries for		Regulation (Al	MVIR), I requ	uest the	release of my personal
(check <u>all</u> products required)					
Driver Abstract for: 3 years	5 years 10 ye	ears			
Court Certificate					
Search Product					
Additional Search Product					
Confirmation Letter - specify:					
agree that, Alberta Registries or a R nformation being provided or in resp			-		
Signature of App	olicant		Date		_
Declaration for Faxing - <i>only o</i>	complete if applicable				
•					(4)(-) 0(4)(-) - (4)
request that my personal driving and ccess to Motor Vehicle Information		tion released p	oursuant to s	ection 5	(1)(a) or 2(1)(p) of the
agree that, Alberta Registries or the ostract is faxed to the above numbe		be liable in res	spect to any	privacy l	oreach after the driver's
Signature of Ap	plicant		Date		_
- 3	,				

This information is being collected for the purposes of Motor Vehicle records in accordance with the Traffic Safety Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.