



Driver's Licence Abstract Request

Insurance Corporation
of British Columbia
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012
Email: abstract.requests@icbc.com

Return abstract by email to: supportedr@transunion.com
EMAIL ADDRESS

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

Search fee enclosed \$	OR Search fee account no:	
NAME OF COMPANY Datalink Services Inc		PHONE NUMBER 866-454-3238
MAILING ADDRESS STREET / PO BOX / RR# PO Box 340639		
CITY / PROVINCE / STATE Sacramento, Ca 95834		POSTAL CODE / ZIP CODE

If you wish to charge the Search Fee to Visa, MasterCard or American Express, please include the information below:

CREDIT CARD NUMBER	EXPIRY DATE /	CVV	NAME AS IT APPEARS ON CREDIT CARD Datalink Services, Inc / Mark Haddy
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Companies with access to driver abstract must be listed below before driver signs

COMPANY NUMBER 1	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
BC

Date of Birth: _____ (ddmmYYYY) Driver's Licence Number: _____

Phone Number: _____

SIGNATURE OF DRIVER

DATE OF REQUEST