

**The License Place Ltd.
132 – 4 Avenue S.E.
Medicine Hat AB T1A 7M9**

I, _____
(Name)

Hereby consent to the disclosure of my driver abstract/record, which is made from personal information in the Motor Vehicle Registry of the Province of Alberta, to:

**SASKATCHEWAN MUTUAL INSURANCE COMPANY
279 – 3rd Avenue North
Saskatoon, SK S7K 2H8**

Dated this _____ day of _____, 20__.

(Alberta Driver License Number)

(Date of Birth)

(Signature)