

SASKATCHEWAN MUTUAL INSURANCE

DRIVER RECORD INQUIRY FROM DRIVER AND VEHICLE LICENSING

I hereby authorize Saskatchewan Mutual Insurance to obtain a copy of our driving records from the records of the Registry of Motor Vehicles for the Province of Nova Scotia.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOVA SCOTIA DRIVER'S LICENSE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

POLICY NUMBER.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ X

DATE: \_\_\_\_\_