

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 Registrar of Motor Vehicles for the Province of the North West Territories.

NAME: _____

ADDRESS: _____

N.W.T. DRIVER'S LICENSE NO.: _____

DATE OF BIRTH: _____

POLICY NUMBER.: _____

SIGNATURE: _____ X

DATE: _____