

Request for a Driver Record (Abstract)

Digital Government and Service NL

Incomplete information may result	in a delay in processing. To a	void delays, ensure all sectio	ons are completed correctly.	
Requested by			Customer Fax	
Reason for Request (Please Check) Employment Insurance	Other (please specify)			
Priver Abstract				
Name		Driver's Lice	nce Number or Date of Birth	
Name		Driver's Lice	nce Number or Date of Birth	
Name		Driver's Lice	Driver's Licence Number or Date of Birth	
Name		Driver's Lice	Driver's Licence Number or Date of Birth	
Name		Driver's Lice	nce Number or Date of Birth	
or Third Party Requests Only	, of			
			neir driver abstracts for the purpos	
Applicant's Signature	Expiry Date Y Y Y Y M		Licence Number	
ayment Information				
Visa Card Number	. Ex	piry Date Appl	icant's Signature	
Mastercard				
Please return completed form t				
	Registration Division location te toll free 1-877-636-6867 or			
P. O. Box 8710 St. John's , NL A1B 4J5 Office Location: 149 Smallwood Drive, Mount Pearl Fax: 709-729-7616	P. O. Box 512 7-9 Roddick Crescent Harbour Grace , NL AOA 2MO Fax: 709-945-3114	8 Myer's Avenue, Suite 201 Clarenville, NL A5A 1T5 (Location 8A Myer's Avenue) Fax: 709-466-4070	Fraser Mall, 230 Airport Bldvd. P. O. Box 2222 Gander NL A1V 9N9 Fax: 709-256-1438	
Provincial Building 3 Cromer Avenue Grand Falls-Windsor , NL A2A 1W9 Fax: 709-292-4387	Sir Richard Squires Building 84 Mount Bernard Avenue Corner Brook , NL A2H 6J8 Fax: 709-637-2615	Bruno Plaza 118 Humphrey Road Labrador City , NL A2V 2J8 Fax: 709-944-5630	P. O. Box 3014, Stn. B 2 Tenth Street Goose Bay , NL AOP 1E0 Fax: 709-896-4340	