

In accordance with s. 33(c) of the *Freedom of Information and Protection of Privacy Act*, the *Traffic Safety Act*, and the *Access to Motor Vehicle Information Regulation*, specific personal information is collected to confirm the identity of the consenting individual, to uniquely identify the consenting individual on the Registrar's system to produce the information product, and to confirm the identity of the recipient and of the authorized employee of the recipient (if the recipient is an organization). The information is collected to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to a Service Alberta Information Officer at 780-427-7013, toll free 310-0000 within Alberta. Alternatively, questions may be mailed to Box 3140, Edmonton, AB T5J 2G7, attention Data Access and Contract Management Unit (DACMU).

A "Driver Abstract" is the product name under which the Alberta Government releases specific information from a person's driving record, which contains:

- Name
- Address
- Date of Birth
- List of violations (Descriptions, Demerit / Merit Points and Suspension Term)
- A Commercial Driver Abstract (CDA) includes Commercial Vehicle Safety Alliance Inspection (CVSA) information and all of the above information with the exception of date of birth, height, weight, and sex.
- Height
- Weight
- Sex
- Class
- Issue Date
- MVID Number
- Licence Number
- Current Demerit Points
- Suspended Status
- Expiration Date
- Reinstatement conditions (if any)

PART 1

I, _____ of _____,
Full Name Full Address

declare that my Driver's Licence Number is: _____, my Date of Birth is: _____,
month by name, day, year

and I give consent for my: 3 Year, 5 Year, 10 Year Driver Abstract (SDA),
 3 Year, 5 Year, 10 Year Commercial Driver Abstract (CDA),
to be released, for the period specified under the subsection 5(1)(a), 5(1)(b)(iii) or 5(1)(b)(v) of AMVIR listed below,
to _____ of _____.
Name of the person / organization receiving the driver's abstract Full Address

In accordance with the *Alberta Motor Vehicle Information Regulation (AMVIR)* (choose **one** of the following subsections):

- 5(1)(a) driver's abstract released to a person known by myself**
I acknowledge that the above individual is personally known to me, is not acting as an agent or employee of any other person in this transaction, and is not compensated in any manner for receiving or transferring the driver's abstract to myself.
NOTE: This consent is valid for one month after the consent is dated and the information product released cannot be faxed by the registry agent.
- 5(1)(b)(iii) driver's abstract released to my employer or prospective employer**
NOTE: This consent is valid for three months after the consent is dated if it is used by a prospective employer. This consent is valid for three years from the date it is dated or for the length of the employment whichever is shorter if it is used by the current employer. The information product released can be faxed by the registry agent only to the Employer signing PART 2.
- 5(1)(b)(v) driver's abstract released to a lawyer representing me**
NOTE: This consent is valid for three months after the consent is dated. The information product released can be faxed by the registry agent only to the Lawyer signing PART 2.

I agree that Alberta Registries and/or the registry agent are not liable for any damages or losses however caused, in respect to any defect, error or omission in the driver's abstract, or use of the driver's abstract by the person receiving it.

_____ Date _____ Signature

PART 2 - Declaration for Faxing (*This does not apply to subsection 5(1)(a) above*)

I / We, _____ of _____,
Name of Employer or Lawyer Address

request the driver's abstract, as mentioned above, to be faxed to _____.
Fax Number (include area code)

I/We agree that Alberta Registries and/or the registry agent are not liable for any privacy breach after the driver's abstract has been faxed to the above number.

_____ Date _____ Signature of Employer or Lawyer