



ROGERS
INSURANCE LTD.

A human approach to insurance

800 - 1331 Macleod Trail SE
Calgary AB T2G 0K3
Phone (403) 296-2400 Fax (403) 296-2439
Toll Free 1 800 565 8132

DRIVER AUTHORIZATION FORM To Obtain Alberta Driver`s Abstracts

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

- Name
- Address
- Date of Birth
- List of Violations (Descriptions, Demerit / Merit Points and Suspension Term)
- Height
- Weight
- Sex
- Class
- Issue Date
- MVID Number
- License Number
- Current Demerit Points
- Suspended Status
- Expiration Date
- Reinstatement conditions (if any)

INSURER: Northbridge General Insurance

POLICY #: CBC1936015

INSURANCE BROKER: Rogers Insurance Ltd.

INSURED: Wild West Dirt Works Ltd., Wild West Ventures Ltd.

I hereby grant consent to **Northbridge General Insurance** to obtain from the Registrar under s. 5(1)(b)(i)(A) of the Access to Motor Vehicle Information Regulation (AMVIR) a copy of my **(please check one box)**

3-year electronic;

3-year printed

Alberta Driver's Abstract for the purposes of determining the rating and insurability as a driver on the above noted policy.

The authorization period of my consent is 3 years from the date of my signature, for the length of the policy, or for the length of my employment with the Insured whichever is least at which time a new signed authorization form will be required if I am still an eligible driver on the above noted policy.

FULL NAME: _____

DATE OF BIRTH: _____

DRIVERS LICENCE NUMBER: _____

PROVINCE LICENCED IN: _____

YEARS CONSECUTIVELY LICENCED: _____

SIGNATURE: _____

DATE: _____

This document and any information sent with it are confidential and intended solely for the use of the individual or entity to who they are addressed. All other recipients are prohibited from disclosing, copying, distributing or taking any action in reliance on the contents. If you have received this information in error, please notify the sender.

This document and any information sent with it are confidential and intended solely for the use of the individual or entity to who they are addressed. All other recipients are prohibited from disclosing, copying, distributing or taking any action in reliance on the contents. If you have received this information in error, please notify the sender.



ROGERS
INSURANCE LTD.

A human approach to insurance

800 - 1331 Macleod Trail SE
Calgary AB T2G 0K3
Phone (403) 296-2400 Fax (403) 296-2439
Toll Free 1 800 565 8132

DRIVER AUTHORIZATION FORM To Obtain Alberta Driver`s Abstracts

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

- Name
- Address
- Date of Birth
- List of Violations (Descriptions, Demerit / Merit Points and Suspension Term)
- Height
- Weight
- Sex
- Class
- Issue Date
- MVID Number
- License Number
- Current Demerit Points
- Suspended Status
- Expiration Date
- Reinstatement conditions (if any)

INSURER: Northbridge General Insurance

POLICY #: CBC1936015

INSURANCE BROKER: Rogers Insurance Ltd.

INSURED: Wild West Dirt Works Ltd., Wild West Ventures Ltd.

I hereby grant consent to **Northbridge General Insurance** to obtain from the Registrar under s. 5(1)(b)(i)(A) of the Access to Motor Vehicle Information Regulation (AMVIR) a copy of my **(please check one box)**

3-year electronic;

3-year printed

Alberta Driver's Abstract for the purposes of determining the rating and insurability as a driver on the above noted policy.

The authorization period of my consent is 3 years from the date of my signature, for the length of the policy, or for the length of my employment with the Insured whichever is least at which time a new signed authorization form will be required if I am still an eligible driver on the above noted policy.

FULL NAME: _____

DATE OF BIRTH: _____

DRIVERS LICENCE NUMBER: _____

PROVINCE LICENCED IN: _____

YEARS CONSECUTIVELY LICENCED: _____

SIGNATURE: _____

DATE: _____

This document and any information sent with it are confidential and intended solely for the use of the individual or entity to who they are addressed. All other recipients are prohibited from disclosing, copying, distributing or taking any action in reliance on the contents. If you have received this information in error, please notify the sender.

This document and any information sent with it are confidential and intended solely for the use of the individual or entity to who they are addressed. All other recipients are prohibited from disclosing, copying, distributing or taking any action in reliance on the contents. If you have received this information in error, please notify the sender.

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

- Name, Height, Class, Licence Number, Expiration Date, Address, Weight, Issue Date, Current Demerit Points, Reinstatement conditions, Date of Birth, Sex, MVID Number, Suspended Status, List of violations, 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.

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, [] 3 Year CDA (Commercial Driver Abstract)
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

Wild West Dirt Works Ltd. of Bezanon, Alberta
Name of the person / organization receiving the Driver Abstract Full Address

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

[] 5(1)(a) Driver 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 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.

[X] 5(1)(b)(iii) Driver 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 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 Abstract, or use of the Driver Abstract by the person receiving it.

Signature

Date

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 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 Abstract has been faxed to the above number.

Signature of Employer or Lawyer

Date

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 Alberta Registries, Box 3140, Edmonton, AB T5J 2G7 or 780-427-7013, toll free 310-0000 within Alberta.