

DRIVER ABSTRACT REQUEST FORM

DRIVER INFORMATION		
Name:		
Name:		FIRST NAME MIDDLE INITIAL
Yukon driver's licence no. (if known):		Date of birth: <u>YYYY/MM/DD</u>
Phone number:		
DELIVERY INSTRUCTIONS		
Mailing address:	STREET ADDRESS	
CITY	PROVINCE	/TERRITORY POSTAL CODE
Fax number: ()		
Driver abstracts are issued in 3 stages (3 year, 5 year and life). Most insurance companies require a 5 year abstract. Unless otherwise stated a 5 year abstract will be issued.		
□ 3 year □ 5 year □ I	ife	
PAYMENTS – PLEASE DO NOT EMAIL CREDIT CARD INFORMATION		
There is a \$10.00 fee for each abstract requested. All payments payable to Government of Yukon. If mailing your request, please pay by cheque or money order to the address below. If faxing your request, upon receipt of this form, Motor Vehicles staff will contact you for payment.		
DO NOT ATTACH YOUR PAYMENT INFORMATION TO THIS FORM		
There is a 24 to 48 hour turnaround time for faxed/emailed requests.		
No cardholder information such as names, account numbers, or other information embossed, encoded or appearing in any manner on the card will be used for any purpose other than in respect to this transaction.		
sonal information could potentially be read by an u an employer and emails sent to a home address m	nauthorized person or persons. Emails se ay be read by anyone with access to that	t considered a secure method of communication and per- nt to and from work computers could potentially be read by home computer such as other members of the household. viders that handle the emails from the sender to the recipient.
		YYYY/MM/DD
SIGNATURE		DATE
Mail request to: Yukon Motor Vehicles Box 2703 W-22 Whitehorse, Yukon, Y1A 2C6	Fax request to: (867) 393-6220 Yukon Motor Vehicles	Email request to: Fully completed and signed forms can be scanned and e-mailed to Motor.Vehicles@gov.yk.ca

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