

**Notice to the applicant and intermediary**

This form must be sent together with the *Driving Record Search* form (4941A).  
Information entered on this form must not have been modified, crossed out or erased, or the application may be refused.  
**Consult the fees required for each record.**

To help us better process your application, please complete this form on-screen before printing.

**INFORMATION ON APPLICANT**

Company, agency or other (print) <b>HOOPER HOLMES CANADA LTD.</b>			
Last name and first name of the person authorized to act on behalf of the applicant (print) <b>Sue Lee</b> Fax : <b>1-800-699-5052</b> <b>slee@hooperholmes.ca</b>			
Address (Number, street, apt.) <b>5125 du Trianon, Suite 310</b>			
Municipality/Province <b>Montréal</b>	Postal code <b>H1M 2S5</b>	Telephone <b>800</b>	Ext. <b>313-8977</b>

**INFORMATION ON INTERMEDIARY**

Company or agency acting as intermediary (print) <b>Conseillers en systèmes d'information et en gestion CGI Inc.</b>			
Last name and first name of authorized person (print) <b>Officer in charge of the Technical Assistance Centre</b>			
Address (Number, street, apt.) <b>1350, Blvd. René-Lévesque West</b>			
Municipality/Province <b>Montréal</b>	Postal code <b>H3G 1T4</b>	Telephone	Ext.

Note: The intermediary agrees to use the information for the sole purpose of transmitting it to the applicant.

**AUTHORIZATION OF LICENCE HOLDER**

Driver's licence number		
<input type="text"/>		
Fill all 13 spaces		
Last name and first name of driver's licence holder		
<input type="text"/>		
Date of birth	Telephone (home)	Telephone (work)
Year    Month    Day	<input type="text"/>	<input type="text"/> extension
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle, if applicable, to the above-named applicant. This authorization is valid for twelve (12) months as of the date of signature.</p>		
Year-Month-Day		
<hr/>		<hr/>
Date		Signature of licence holder

**Protection of Personal Information**

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records.  
For more information, consult the Policy on Privacy on the Société's Web site at [www.saaq.gouv.qc.ca](http://www.saaq.gouv.qc.ca) or contact the Société's call centre.

- For any information, call 418 528-3183 toll-free 1 866 642-1865
- All applications must be sent to: Division de la diffusion (act. 850) **Société de l'assurance automobile du Québec**  
333, boulevard Jean-Lesage  
Case postale 19600, succursale Terminus  
Québec (Québec) G1K 8J6