



823 Highfield Avenue S.E.

Calgary, Alberta, Canada T2G 4C7

403 287-1335

fax 403 243-6759

Authorization For Summary Of Driving Record

I, _____ of _____
please print name clearly Address

in the Province of Alberta, hereby consent to the disclosure of my driver abstract / record which is made from personal information in the Motor Vehicle Registry of the Province of Alberta, to Southland Transportation Ltd. who may use this personal information for the purpose of employment.

Date of birth: _____
month / day / year

Driver's license number: _____

Signature: _____

Date: _____
month / day / year

Witness Signature: _____

Witness (please print) _____