

DRIVER ABSTRACT REQUEST FORM

DRIVER INFORMATION		
Nama		
Name:		FIRST NAME MIDDLE INITIAL
Yukon driver's licence no. (if known):		Date of birth: YYYY/MM/DD
Phone number:		
DELIVERY INSTRUCTIONS		
Mailing address.	STREET ADDRESS	
CITY	PROVINCE/TEF	RRITORY POSTAL CODE
Fax number: (966) 700 5216	Email: supportcdr@transunion.	
DRIVER ABSTRACTS		
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 □	☐life	
PAYMENTS - PLEASE DO NOT EM	AIL CREDIT CARD INFORMATION	
	ney order to the address below. If fax	o Government of Yukon. If mailing your king your request, upon receipt of this form,
DO NOT ATTACH YOUR PAYMENT	INFORMATION TO THIS FORM	
There is a 24 to 48 hour turnaround ti	me for faxed/emailed requests.	
No cardholder information such as names, acc be used for any purpose other than in respect t	· · · · · · · · · · · · · · · · · · ·	, encoded or appearing in any manner on the card will
sonal information could potentially be read by an an employer and emails sent to a home address	n unauthorized person or persons. Emails sent to may be read by anyone with access to that ho	onsidered a secure method of communication and per- to and from work computers could potentially be read by me computer such as other members of the household. ers that handle the emails from the sender to the recipient.
		YYYY/MM/DD DATE
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

PLEASE DO NOT EMAIL CREDIT CARD INFORMATION