National Safety Code Abstract Request Form

Licensing Support Services
PO Box 3750
Victoria BC V8W 3Y5

Telephone 250-414-7732
Fax 250-978-8012

National Safety Code Number _____

Return abstracts by:

- ☐ Mail (form must be submitted in duplicate if being sent by mail)
- ☐ Fax (include fax number) _____
- ☐ E-Mail (include e-mail address) _____

Please type or print clearly, illegible information cannot be processed.

NAME OF DRIVER	DATE OF BIRTH (ddmmmyyyy)	DRIVER'S LICENCE NUMBER	DATE OF LAST REQUEST (ddmmmyyyy)	ICBC USE ONLY

Please submit a $5 fee for each second request in a 12-month period. For your convenience payment may be made be Visa, MasterCard, American Express, cheque or money order. Please make cheques and money orders payable to the Insurance Corporation of British Columbia. Invoices for duplicate requests will be generated and sent to your company at the end of each month.

The Insurance Corporation of British Columbia, upon receipt of this completed form, agrees to provide National Safety Code (NSC) driver abstract(s) to the carrier, provided the carrier agrees not to release the information received to a third party without the consent of the driver. A "driver" is defined in Division 37.01 of the Motor Vehicle Act Regulations.

I, _____ , _____
NAME POSITION

hereby certify that all the above named drivers are employed by _____ ,
NAME AS IT APPEARS ON NSC CERTIFICATE

and that I have signing authority for this company for the purpose of obtaining National Safety Code abstracts, and that I accept all the conditions on behalf of the aforementioned company.

Mailing Address _____ **BC** _____
CITY PROVINCE/STATE POSTAL/ZIP CODE

Signature _____ Date _____ Phone Number _____

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