



PC ACCOUNT/ FILE NUMBER

CUSTOMER NAME

Mail to: ICBC Driver Testing Vehicle Information
205 – 151 West Esplanade
North Vancouver BC V7M 3H9

Please **PRINT CLEARLY** in blue or black ink.

LAST NAME	FIRST NAME	MIDDLE NAME
COMPANY NAME		

[illegible]

- ☐ **One (1) time charge**
Refer to icbc.com for the list of vehicle registration search fees.
Search Parameters: Plate/VIN/Alpha Name _____

☐ **Recurring charge**
The amount charged will be based on the results of your completed requests. Refer to icbc.com for the list of vehicle registration search fees. The amount for each payment (up to a maximum of \$500.00 per day) will be provided to you on the cover letter with your search results.

I authorize ICBC to charge the credit card listed above. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

CARDHOLDER'S NAME (print name exactly as shown on card)

CARDHOLDER'S SIGNATURE

DATE _____

The information you provide on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) to assist in processing your payment request. If you have any questions about the collection and use of this information, please contact ICBC Insurance Customer Service at 151 West Esplanade, North Vancouver, BC V7M 3H9 or call 1-800-663-3051 (toll free in Canada and the U.S.) or 604-661-2800 (Lower Mainland).