National Safety Code Abstract

Insurance Corporation
of British Columbia
PO Box 3750
Victoria BC V8W 3Y5

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

National Safety Code Number _____

Return abstracts by: ☐ Email: _____ ☐ Fax: _____

Please type or clearly print.

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

Are you listing additional names? ☐ no ☐ yes. Additional space on next page.

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 drivers listed above are drivers as defined by the National Safety Code and 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.

_____ _____ _____
SIGNATURE DATE PHONE

National Safety Code Number _____

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