



**Plains Insurance**

*Providing our clients with knowledgeable, personalized and professional service.*

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**CONSENT FORM**

**RE: MOTOR VEHICLE RECORD**

Date: \_\_\_\_\_

As an employee/driver for \_\_\_\_\_ ,  
*(Employer's Corporate Name)*

I hereby give my consent for my employer's insuring company and/or Agent of Record to order a copy of my Motor Vehicle Record (Driver's Abstract) as required under the Insurance Act of Alberta.

Employee's Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature**