

## DDVL DRIVER ABSTRACT AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licencing, in the  
Province of Manitoba, to release my Driver Abstract or Commercial Driver Abstract to:  
ADP Screening & Selection Services 800-367-5933

\_\_\_\_\_  
(Name and telephone number of Company/Individual)

(if applicable) through its representative:

\_\_\_\_\_  
(Authorized Agent/Individual)

Return mailing address:

OR

Return Fax #:

301 Remington St.

866-470-6020

Ft. Collins, CO 80524

DRIVER'S NAME

(PRINT NAME IN FULL)

\_\_\_\_\_  
(LAST NAME)

\_\_\_\_\_  
(FIRST NAME)

\_\_\_\_\_  
(INITIAL)

LICENCE NUMBER: \_\_\_\_\_

DATE OF BIRTH:

(PRINT IN FULL)

\_\_\_\_\_  
(YEAR/MONTH/DAY)

SIGNATURE OF DRIVER: \_\_\_\_\_

Type of abstract requested:  Driver Abstract

(check one)

Commercial Driver Abstract