



Employer Abstract Authorization Form

2260 - 11th Avenue
Regina, SK S4P 2N7

I, the undersigned driver, hereby authorize Saskatchewan Government Insurance to disclose all information concerning my driving record including all personal and National Safety Code (NSC) commercial convictions, motor vehicle collisions, CVSA (on road) inspections when indicated and my driving status. This authorization is for the duration of my employment with the company noted below:

Section 1: Contact information

Company name: CEDA Solutions Inc.

Contact name: Samarah Harburn

Daytime contact number: 780-395-3964

Section 2: Delivery instructions Please choose one of the options below.

☐ Mailing address: _____

☐ Fax number: _____ ☒ Email address: samarah.harburn@cedagroup.com

Section 3: Payments

There is a \$15 fee for each abstract requested. All payments payable to SGI.

If mailing your request, please pay by cheque or money order to the address below.

If faxing or emailing your request, payment can be made by credit card. We will contact the number provided to get credit card information over the phone.

Section 4: Driver information Driver/Plate record will not be released without the driver's authorized signature and date.

NSC/CDA	Driver's full name	Birthdate dd/mm/yyyy	SK driver's licence #	Driver signature	dd/mm/yyyy
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					

Records are issued for a minimum of 5 years, however they are available from January 1, 1995. Unless otherwise stated, the maximum number of years will be used.

Please indicate the number of years required: 5

Date of request: _____

Mail request To:
Saskatchewan Government Insurance
Driver Abstracts
2260 - 11th Avenue
Regina, Saskatchewan S4P 2N7

Fax request To:
306-775-6681
Saskatchewan Government Insurance
Driver Abstracts

Email request To:
Fully completed and signed
form can be scanned and
emailed to drabst@sgi.sk.ca