Driver's Abstract Consent Form – Out of Province

Completion of form is required by drivers who are licensed <u>outside</u> of Alberta, Saskatchewan, British Columbia, Manitoba, Quebec or Nova Scotia.

Driving Information

Name: _____ License #: _____

Date of Birth: _____ Work Location: _____

Driving Class: _____ Division: _____ Province: _____

Signature

I hereby authorize CEDA to verify by any means at their disposal, my driving record for the last five (5) years and my record of accidents and convictions. I acknowledge and understand that my driving record can be pulled periodically, at the discretion of my employer.

Legal Name: _____
First Name Middle Name Last Name

Signature: _____ Today's Date: _____