



Mirror Fire Department

SOG 105 – Authorization For Release Of Driver's Abstract To Employer

Lacombe Registries
5034 – 52 Street
Lacombe, AB T4L 1A1

To Whom It May Concern,

I the undersigned authorize the release of a 3 year abstract of my driving record to Lacombe Regional Fire Service (Unique Access Number _____) in accordance with *Alberta Motor Vehicle Information Regulation (AMVIR) 5(1)(b)(iii), Driver Abstract Released to My Employer or Prospective Employer.*

Thank you for your assistance in this matter.

Name in Full: _____
(Please Print)

Address: _____

Driver's License Number: _____ Birth Date (M/D/Y): _____

I agree that in no event will the Province of Alberta or its Registry Agents be liable for any damages or losses, however caused, in respect to any defect, error or omission in the driver abstract by the person receiving it.

Member's Signature: _____ Date: _____

This information is being collected for the purposes of Motor Vehicle records in accordance with the Traffic Safety Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.