



British Columbia Procedures:

The process for British Columbia requests is as follows:

1. Please leave the top section of the form blank (asking for the name and address of the company). Wheels will complete this section.
2. Do not provide credit card information nor complete this section. It should be left blank as Wheels will be issuing payment to the province for the request.
3. In the middle section of the form entitled "Companies with access to driver abstract must be listed below before driver signs" please print or type your company's name under the heading "Company number 1."
4. In the lower section of the form entitled "Driver information" please print or type the name, address, date of birth and driver's license number of the employee.
5. The employee must print, sign and date the bottom of the request form at the "Signature of Driver" and "Date of Request" line. Signature must match the Driver's License signature on file with the Province in order for the MVR to be run.
6. Please mail or fax the completed form directly to:

Wheels, Inc.
Attn: SafetyFirst
P.O. Box 1816
Des Plaines, IL 60017

Fax: 847-627-8662

If applicable, please follow any special instructions your company may have for returning documents to Wheels.

****Please note** - If your company requires you to submit an authorization through Wheels, please insure the authorization process is completed prior to the submission of the provincial form; the form will not be submitted until the authorization process has been completed. The authorization process will appear in Driver Tools as a requirement if it has not yet been completed.

If you have any questions, please contact the Safety Department at 800-477-2211 or safetyfirst@wheels.com. Thank you for your assistance.



Insurance
Corporation
of British
Columbia

Licensing Support Services
PO Box 3750
Victoria, British Columbia
V8W 3Y5

Telephone 250-414-7732
Fax 250-978-8012

Driver's Licence Abstract Request

Return abstract by:

☐ Mail

☒ Fax 916-456-3332

FAX NUMBER

☐ Email

EMAIL ADDRESS

Please type or print clearly, illegible information cannot be processed.

| | | |
|---|---------------------------|------------------------|
| Search fee enclosed \$ | OR Search fee account no: | |
| NAME OF COMPANY SambaSafety | | |
| MAILING ADDRESS STREET / PO BOX / RR# 11040 White Rock Road Suite 200 | | |
| CITY / PROVINCE / STATE Rancho Cordova, CA 95670 | | POSTAL CODE / ZIP CODE |

If you wish to charge the Search Fee to Visa or MasterCard, please include the information below:

| | | |
|--------------------|-------------|-----------------------------------|
| Credit Card Number | Expiry Date | Name as it appears on Credit Card |
| | | |

Companies with access to driver abstract must be listed below before driver signs

| | |
|------------------|------------------|
| COMPANY NUMBER 1 | COMPANY NUMBER 5 |
| COMPANY NUMBER 2 | COMPANY NUMBER 6 |
| COMPANY NUMBER 3 | COMPANY NUMBER 7 |
| COMPANY NUMBER 4 | COMPANY NUMBER 8 |

Driver information

I authorize the above named company to obtain a copy of my driver's abstract from the Insurance Corporation of British Columbia.

Name of Driver: _____
LAST FIRST MIDDLE

Address: _____
STREET / PO BOX / RR # CITY/PROVINCE / STATE POSTAL CODE / ZIP CODE

Date of Birth: _____ Driver's Licence Number: _____
YEAR MONTH DAY

Signature of Driver _____ Date of Request: _____
YEAR MONTH DAY