



BENCHARSKI INSURANCE SERVICES LTD.

Insurance Brokers

AUTHORIZATION FOR DRIVING RECORD SEARCH

Date: _____

I, _____ authorize **Bencharski Insurance Services Ltd.** or companies represented, to request a search of my driving Record.

Licence Number

Date of Birth

Signature

Print Clearly

I, _____ authorize **Bencharski Insurance Services Ltd.** or companies represented, to request a search of my driving Record.

Licence Number

Date of Birth

Signature

Print Clearly