

Quebec Procedures:

The process for Quebec requests is as follows:

1. In the section of the form titled "Authorization of Licence" please print or type the employee's driver's licence number, name, date of birth, home and work phone number.
2. The employee must sign and date the bottom of the form. The date should be in Year/Month/Day format.

DO NOT SEND PAYMENT OR FORM TO THE SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC.

3. Please print a copy of the Quebec Authorization form.
4. Please mail or fax the completed form directly to:

Wheels, Inc.
Attn: SafetyFirst Department
P.O. BOX 1816
Des Plaines, IL 60017-1816

Fax: 847-627-8662

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

Quebec will not accept altered documents. All information must be legible. Form must not contain any crossed off information. If information must be updated/corrected, a new form must be completed.

****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.

La procédure au Québec:

Voici la marche à suivre pour les demandes au Québec :

1. Dans la section du formulaire intitulée « Autorisation du titulaire du permis de conduire », veuillez taper ou inscrire en caractères d'imprimerie le numéro de permis de conduire de l'employé, son nom, sa date de naissance, ses numéros de téléphone à sa résidence et au travail.
2. L'employé doit apposer sa signature et la date au bas du formulaire. La date doit être écrite sous la forme suivante : Année-Mois-Jour.

NE PAS ENVOYER LE PAIEMENT NI LE FORMULAIRE À LA SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC.

3. Veuillez imprimer une copie du formulaire d'autorisation pour le Québec.
4. Poster ou télécopier le formulaire dûment rempli à l'**attention de** :

Wheels, Inc.
Attn: SafetyFirst Department
P.O. BOX 1816
Des Plaines, IL 60017-1816

Télécopieur : 847-627-8662

Le cas échéant, veuillez suivre les instructions spéciales de votre entreprise concernant l'envoi de documents à Wheels.

La Province de Québec n'acceptera pas les documents modifiés; les renseignements doivent être lisibles. Le formulaire ne doit contenir aucune information rayée. Si l'information doit être mise à jour ou corrigée, un nouveau formulaire doit être rempli.

****IMPORTANT – Si votre entreprise exige que vous fournissiez une autorisation par l'entremise de Wheels, veuillez vous assurer de compléter le processus d'autorisation avant de transmettre le formulaire prévu par l'organisme gouvernemental; le formulaire ne sera pas traité tant que le processus d'autorisation n'aura pas été complété. Le processus d'autorisation non complété apparaîtra dans les Outils des conducteurs comme exigence à remplir.**

Si vous avez des questions à poser, veuillez communiquer avec le service SafetyFirst au 1-800-477-2211 ou à safetyfirst@wheels.com.
Merci de votre collaboration.

Notice to the applicant and to the intermediary

This form must be sent together with the [Driving Record Search](#) (4941A).

Information entered on this form must not have been modified, crossed out or erased. Otherwise, the application may be refused.

[Consult the fees required for each record.](#)

To help us better process your application, please complete this form on-screen before printing.

INFORMATION ON APPLICANT

Company, organization or other (print) WHEELS, INC. - SAFETY DEPARTMENT			
Last name and first name of the person authorized to act on behalf of the applicant (print) SAFETY SPECIALIST			
Address (Street number, street name, apt.) P.O. BOX 1816			
Municipality/Province DES PLAINES, IL 60017 USA	Postal code	Telephone 800	Ext. 477-2211

INFORMATION ON INTERMEDIARY

Intermediary company or organization (print) SambaSafety			
Last name and first name of authorized person (print) Jessica Ernst-Blanchard			
Address (Street number, street name, apt.) 11040 White Rock Road Suite 200			
Municipality/Province Rancho Cordova, CA 95670 USA	Postal code	Telephone 916	Ext. 456-3200

Note: The intermediary agrees to use this information only to transmit it to the applicant.

AUTHORIZATION OF DRIVER'S LICENCE HOLDER

Driver's licence number		
<input type="text"/>		
Fill all 13 spaces		
Last name and first name of driver's licence holder		
<input type="text"/>		
Date of birth	Telephone (home)	Telephone (work)
Year Month Day	<input type="text"/>	<input type="text"/> Ext.
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose to the applicant indicated above the content of my driving record, including, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle. This authorization is valid for twelve (12) months as of the date of signature.</p>		
Year-Month-Day		
<input type="text"/>		<input type="text"/>
Date		Signature of licence holder

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at saaq.gouv.qc.ca or contact the Société's call centre.

For information, call 418 528-3183 or 1 800 642-1865 (toll free)