



L'expertise en transport

Consent Form to Share Information on the Driving School with its Insurance Company

Fill in this form to allow the AQTr to share information with your insurance company or to cancel a former agreement. Please send this form once filled in to the address described below.

NB. - This form does not prevent you from renewing your insurance policies whenever necessary. It remains the school's duty to have them renewed.

Association québécoise des transports

Services de l'administration des écoles de conduite

6666, rue St-Urbain, bureau 470

Montréal (Québec) H2S 3H1

T: 514-595-9110 F: 514 370 8559

www.aqtr.com

Please fill in in CAPITAL letters, using dark ink.

PART 1 – Information on the driving school

Name of the driving school:

Name, first name of the owner of the school:

NEQ (Quebec enterprise number):

Address:

Phone :

PART 2 – Authorizing a representative

I, the undersigned, _____, authorize the AQTr to share information with my insurance company _____ (name of the insurance broker or company) about my driving school.

I understand that the AQTr is only going to use this consent to share information about my driving school; and this only if my insurance company wishes to contact one of the AQTr representatives.

PART 3 – Cancelling the agreement

I, the undersigned, _____, as the owner of the above-mentioned driving school, would like to cancel the agreement that was signed above (see part 2 of the present document) with the Association québécoise des transports (AQTr).

PART 4 – Signature and confidentiality

This form must be signed by the owner of the school. By signing and dating this form, you agree on the AQTr contacting the above-cited person, group or company (see part 2); or to cancel this consent.

Signature of the school's representative

Date (YYYY/MM/DD)