



Service Nova Scotia
and Municipal Relations
Service Delivery

PO Box 1652, Halifax, Nova Scotia B3J 2Z3
Phone 902 424-5851 or Toll Free 1-800-898-7668

Authorization For Release of Client Record to Employer

1. Applicant Declaration:

I hereby authorize the Registrar of Motor Vehicles, by signing next to my client information, to release a copy of my client record to:

_____ Employer's Name

Full Name	Master Number	Client Signature

2. Employer Declaration:

I hereby certify that the information contained herein is correct. I also certify that I understand this information is to be confidential and declare that this information will only be used for the purposes of assessing the employability of the person whose client record I have obtained.

_____ Employer/Agent

_____ Signature

_____ Date