



**Financial Services  
Commission  
of Ontario**  
5160 Yonge Street,  
Box 85  
Toronto ON M2N 6L9

# Notice of Collection of Personal Information

## Applicants for Restoration of Driver's Licence

*This notice is made pursuant to the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.f.31*

File Number:

AR Number:

### Legal authority for the collection of personal information:

*Motor Vehicle Accident Claims Act, R.S.O. 1990, c.M.41, as amended, section 4, 10, and 11.1.*

### Principal purposes for which the personal information is intended to be used:

The Motor Vehicle Accident Claims Fund (the "Fund") and any agent acting on behalf of the Fund will be using the information on this application form:

- to administer the *Motor Vehicle Accident Claim Act generally*;
- to assess the financial status of the applicant for purpose of possible restoration of the applicants driver's licence, and settlement of the Fund's claim against the applicant;
- to determine automobile insurance requirements where applicable;
- to consult with insurance companies; financial institutions; credit reporting agencies; health practitioners; hospitals; insurance adjusters; accountants; financial advisors; solicitors; agents or representatives of the applicant; federal, provincial and municipal governments and agencies; and Canadian or foreign police forces to complete or verify information contained on the application; and
- to disclose such information to parties for purposes which are consistent with the purposes set out above.

### The public official who can answer your questions about the collection of this information is:

Director  
Motor Vehicle Accident Claims Fund  
5160 Yonge Street, Box 85  
Toronto ON M2N 6L9  
Telephone: (416) 250-1422  
Toll-Free outside Toronto calling area: 1 (800) 268-7188

### Consent for Collection, use and Disclosure of Personal Information:

I consent to the Fund collecting, using and disclosing the information contained on my application for restoration of my driver's licence. I also consent to the Fund and any agent acting on behalf of the Fund, collecting and using additional information about me from the sources mentioned above for the purposes set out above.

**And I also consent** to the use and to the disclosure of all such information as is contained on this form or is obtained as a result of verification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date