

LETTER OF AUTHORIZATION

Drivers License # \_\_\_\_\_

I, \_\_\_\_\_, do hereby give  
(Insured's Name)

\_\_\_\_\_ Permission to sign on my behalf in the renewal of  
(Designated Signer)

my Drivers License.

My Permanent Address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Mailing Address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: X \_\_\_\_\_



## DRIVER'S LICENCE QUESTIONNAIRE

Answer 'Yes' or 'No' to the following questions.

**Caution: It is a punishable offence to knowingly make a false answer to any question.**

1	Are you now prohibited by court from driving or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled?	
2	When driving do you require corrective lenses (glasses or contacts)?	
3	Have you ever had any of the following conditions which have not previously been reported to Manitoba Public Insurance: a) Seizures or blackouts? b) Lung or heart trouble, eye diseases, stroke, diabetes treated with oral medication or injectable insulin, mental disorder, dementia or permanent limitation of motion? c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? If 'Yes' to a), b) or c) the date and details of the condition(s) must be provided below.	a)
		b)
		c)
4	Do you hold a valid driver's licence from another province, state or country? If 'Yes' state where below. Provide Driver's Licence Number, Effective and Expiry Dates, Driver's Licence Class.	
5	Have you ever held a Manitoba driver's licence or a learner's licence? If 'Yes', state in what year below.	
6	Have you had any name changes within the last five years? If 'Yes' provide former name(s) below, if you haven't already reported the change to Manitoba Public Insurance.	



## Driver Unavailable – Declaration of Residency

**A)** I, \_\_\_\_\_, of \_\_\_\_\_, in \_\_\_\_\_,  
 (Print Name) (Print Street Address or P.O. Box)  
 \_\_\_\_\_, in the Province of Manitoba do hereby state and declare that  
 (Print city or Town)  
 I am a person resident of the Province of Manitoba, that I am legally entitled to be in Canada and I live and am ordinarily present in Manitoba, or intend to live in Manitoba on a permanent basis.

My driver's licence number is \_\_\_\_\_.  
 (Please Print)

**B) I AM TEMPORARILY ABSENT FROM MANITOBA BECAUSE I AM**

- In full time attendance in a course of study at an educational institution (university, college, technical school, high school or other institution of learning recognized by the registrar) outside Manitoba, or
- taking a sabbatical leave, or advanced or supplementary training or instruction while on educational leave from employment, or
- serving as a missionary or aid worker on behalf of a religious or nonprofit organization approved as a registered charity under the *Income Tax Act (Canada)*, or
- employed with the Government of Manitoba, the Government of Canada, or an agency of either government, or
- temporarily absent from Manitoba for a period **not exceeding 12 consecutive months** for the purpose of assuming a temporary employment of fulfilling a contract, or
- away for the winter (Snowbird), vacation etc... \_\_\_\_\_ **and intend to return to and reside in Manitoba immediately after completion of the above indicated condition/reason and reasonable travelling time.**

I authorize \_\_\_\_\_ to pick-up/purchase my driver's licence.  
 (Print **Name** and Contact **Telephone Number**)

I MAKE THIS APPLICATION TO THE REGISTRAR OF MOTOR VEHICLES IN SUPPORT OF MY APPLICATION OF THE RENEWAL OF MY MANITOBA DRIVER'S LICENCE.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE

**CAUTION:** IT IS THE RESPONSIBILITY OF THE DRIVER TO ENSURE COMPLIANCE WITH THE HIGHWAY SAFETY/LICENSING LAWS OF EACH JURISDICTION IN WHICH HE/SHE OPERATES A VEHICLE. PLEASE CONTACT THE LOCAL LICENSING AUTHORITIES TO ENSURE THAT YOU ARE ALLOWED TO MAINTAIN AND USE YOUR MANITOBA DRIVER'S LICENCE WHILE YOU ARE THERE.

Driver and Vehicle Licensing Box 6300 Winnipeg MB R3C 4A4  
 Telephone: (204) 985-7000 www.mpi.mb.ca