



# DRIVER'S LICENCE AUTHORIZATION

Customer # \_\_\_\_\_ Driver's Licence # \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
to **RENEW MY DRIVER'S LICENCE** which expires \_\_\_\_\_.

## 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 disease, stroke, diabetes treated with injectable insulin, mental disorder, dementia, or permanent limitation of motion?
    - c. Any other medical 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 in the space below.
- 4. Do you hold a valid driver's licence from another province, state, or country?   
If 'Yes', state where below. Please provide driver's licence number, effective and expiry dates, and driver's licence class.

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x \_\_\_\_\_  
*Signature of Driver's Licence Applicant*

x \_\_\_\_\_  
*Date*

x \_\_\_\_\_  
*Signature of Authorized person*

x \_\_\_\_\_  
*Date*