



Authorization to Renew a Driver's Licence

Effective date: _____

Driver Name:	
Driver License Number:	
Contact Phone Number:	
Contact Email Address:	

I, _____ authorize _____ to
renew my driver's licence on my behalf.

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) When driving do you require corrective lenses (glasses or contacts)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Have you ever had any of the following conditions which have not been previously reported to Driver and Vehicle Medical Records:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a) Seizures or blackouts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Lung or heart trouble, eye diseases, stroke, diabetes (treated with injectable insulin), mental disorder, dementia, or permanent limitation of motion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
** if yes to A, B, or C please provide as many details as possible on the back of this page**		
4) Do you hold a valid driver's licence from another province, state, or country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*** If yes, please provide the driver's licence #, effective and expiry dates and class ***		

**** DOES YOUR PHOTO NEED TO BE TAKEN? For expiry dates, check photo card or renewal letter. ** If it does, please include a Driver Unavailable form (download on our website: www.turnbullwhitaker.com)**

Mail address: (if different than what is on driver licence): _____

Date Requested

Signature

Customer Unavailable – Declaration of Residency

A)

I, _____, of _____, in
 (Print Name) (Print Street Address or section number)
 _____, in the Province of Manitoba do hereby declare that
 (Print City or Town)

I am a resident of the Province of Manitoba that my permanent address is indicated above, and that I am legally entitled to be in Canada.

My Manitoba Public Insurance Customer Number is: _____ and/or My
 driver's licence number is: _____.
 (Please Print)

B)

I am temporarily absent from Manitoba because I am:

- attending a course of study full time at an educational institution (university, college, technical or high school, or other institution learning recognized by the registrar) outside Manitoba.
- taking a sabbatical leave, advanced or supplementary training or instruction while on educational leave from employment.
- 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).
- employed with the Government of Manitoba, the Government of Canada, or an agency of either.
- temporarily absent from Manitoba for the purpose of assuming a temporary employment or fulfilling a contract. You must check with the jurisdiction you are temporarily in and comply with their rules.
- away for the winter (Snowbird), on vacation, for some other reason (please specify)
 _____ and intend to return immediately after completion of the above indicated reason and providing reasonable travelling time on: _____.

I am in Manitoba but unable to attend in person because:

 (Provide reason e.g., hospitalized)

I authorize _____ to renew/purchase my driver's licence. I also authorize this person to renew/purchase vehicle registration and insurance policy(s) on my behalf if this form is accompanied with detailed authorization.

I MAKE THIS APPLICATION TO THE REGISTRAR OF MOTOR VEHICLES IN SUPPORT OF MY APPLICATION OF THE RENEWAL OF MY MANITOBA DRIVER'S LICENCE, AND/OR VEHICLE REGISTRATION AND INSURANCE POLICY(S).

 DATE

 SIGNATURE

CAUTION: IT IS THE RESPONSIBILITY OF CUSTOMERS TO ENSURE COMPLIANCE WITH THE HIGHWAY SAFETY, DRIVER LICENSING, AND VEHICLE REGISTRATION LAWS OF THE JURISDICTION(S) IN WHICH THEY OPERATE A VEHICLE. PLEASE CONTACT THE LOCAL LICENSING/REGISTRATION AUTHORITIES TO ENSURE THAT YOU ARE ALLOWED TO MAINTAIN AND USE YOUR MANITOBA DRIVER'S LICENCE AND/OR VEHICLE REGISTRATION AND INSURANCE WHILE YOU ARE THERE.

THIS PAGE WILL NOT BE FORWARDED TO ANY THIRD PARTIES

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

Payment Options

Payment Method

- Full Payment Bank Draft Cheque Credit Card Money Order
- Four Payment Bank Draft Cheque Credit Card Money Order

Credit Card Authorization

Credit Card: MasterCard VISA

Name on Card (please print): _____

Card Number: _____

Expiry Date: _____

CVV Number on back of card(we recommend you phone this in rather than provide it in writing): _____

Pre-Authorized Payment Financing Agreement

12 Pre-Authorized payments from your bank account

Bank Account Information: (You may include a void cheque or bank account details available from your financial institution with this form.)

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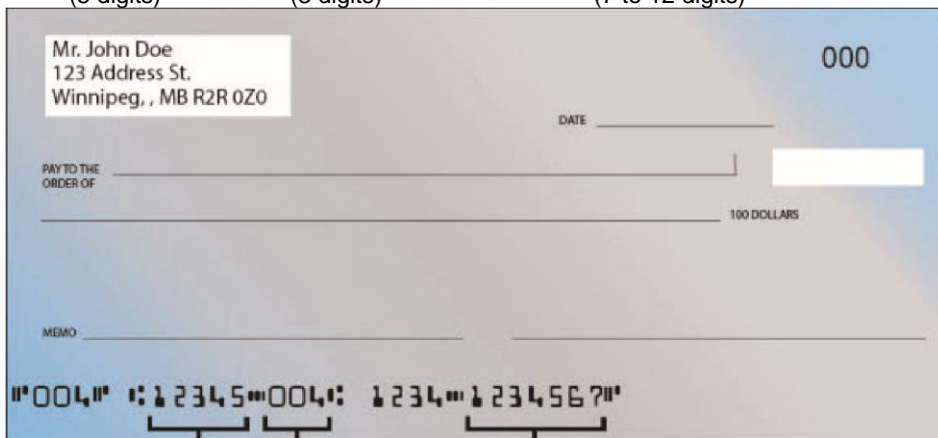
Transit No.
(5 digits)

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Institution No.
(3 digits)

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Account No.
(7 to 12 digits)



Mr. John Doe
123 Address St.
Winnipeg, MB R2R 0Z0

000

DATE _____

PAY TO THE ORDER OF _____

100 DOLLARS

MEMO _____

⑈004⑈ ⑆ 2345⑈004⑆ ⑆ 234⑈ ⑆ 234567⑈

Bank
Transit
Number

Institution
Number

Bank
Account
Number