



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:		
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