



## Authorization to Replace a Driver's Licence

Effective date: \_\_\_\_\_

<b>Driver Name:</b>	
<b>Driver Licence Number:</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email Address:</b>	

I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
replace 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
<b>** if yes to A, B, or C please provide as many details as possible on the back of this page**</b>		
4) a) Has your driver's licence been lost or stolen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Was it as a result of a criminal act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>***If yes, please provide the Police Incident # and to which location it was reported***</b>		

**\*\* 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](http://www.turnbullwhitaker.com))**

Please mail out my paper work to: \_\_\_\_\_

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Signature