



Authorization to Cancel MB driver's licence

Effective date: _____

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

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

I am canceling my licence because I am:

- Moving out of the province
- Not driving anymore
- Deceased

** If there is a credit on the account after the cancellation has been processed, would I like that refund cheque mailed to the address on file? YES NO

** If refund is requested and mail address is different, please provide forwarding address:

Date Requested

Signature