



Authorization to Replace a Driver's Licence

Effective date: _____

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

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:	<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) 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
If yes, please provide the Police Incident # and to which location it was reported		

**** 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)**

Please mail out my paper work to: _____

Date Requested

Signature