



Customer Authorization for Vehicle Registration and Insurance Transactions

Customer Number: _____ Driver's Licence Number: _____

I, _____ hereby authorize _____
 (Print your Name) (Print Name and Contact Telephone Number)

To complete the following transaction(s) on my/our behalf on the following vehicle(s):

 (Licence Plate Number, Year, Make & Model of Vehicle, VIN)

Vehicle Transaction: (select all that apply)

- Renewal/Reactivation/Reapplication
- New Application
- Short Term
- Mid Term Change
- Cancellation

Effective Date: _____ Expiry Date: _____

Policy Coverage:

- All Purpose
- Pleasure
- Other, Specify: _____
- Commuter

Deductible:

- \$750
- \$500
- \$300
- \$200 Standard
- \$200 Plus

Third-Party Liability:

- \$500,000
- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$7,000,000
- \$10,000,000

Extension Loss of Use:

- Add loss of use passenger vehicle
- Declined

Excess Value over \$70,000: _____ New Vehicle Protection _____

Declared Value (if applicable): _____ Leased Vehicle Protection _____

Off-Road Vehicle options:		Motorcycle Options:		Other Options:
Third Party Liability		Collision Coverage		
	\$500,000			
	\$1,000,000			
	\$2,000,000			
Accident Benefits				
Collision Coverage				
	\$500 Deductible			
	\$200 Deductible			
Comprehensive Coverage				
	\$500 Deductible			
	\$200 Deductible			

Layup Insurance

Effective Date: _____
 Cancellation Date: _____

Manitoba Address where vehicle is stored:

 Lay-up Insurance Declined (Initials) _____
 Plates Surrendered: YES NO

 Registered Owner's Signature Authorized Person's Signature Date

If the changes result in a credit, please: Mail my credit out **OR** Leave credit on my account
 Please mail out the paperwork to: My home address **OR** Other

Other: _____

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 of 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.

DO NOT SCAN THIS PAGE

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

Payment Options

Payment Method

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Full Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Four Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |

Credit Card Authorization

Credit Card: MasterCard VISA

Name on Card (please print): _____

Card Number: _____

Expiry Date: _____

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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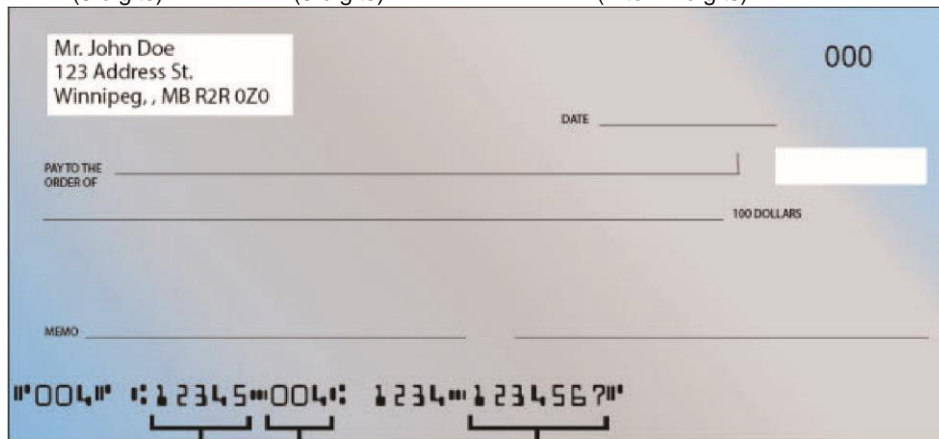
Transit No.
(5 digits)

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Institution No.
(3 digits)

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Account No.
(7 to 12 digits)



Bank
Transit
Number

Institution
Number

Bank
Account
Number