



Driver's License Authorization Form

Please note that if a picture is required on renewal the owner of the driver's license must renew.

Date: _____

Customer or Driver's License Number: _____

I, _____ authorize _____ to
Renew My Driver's License.

Please answer yes or no to the following questions:

- 1. Are you now prohibited by court from driving or is your driver's license or right to obtain a driver's license currently suspended or cancelled? o Yes o No
- 2. When driving do you require corrective lenses (glasses or contact)? o Yes o No
- 3. Have you ever had any of the following conditions which have previously been reported to Manitoba Public Insurance:
 - a) Seizures or blackouts o Yes o No
 - b) Lung or heart trouble, eye diseases, stroke, diabetes treated with oral medication or injectable insulin, mental disorder, dementia or permanent limitation of motion? o Yes o No
 - c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? o Yes o No

If yes to a), b) or c) the date and details of the condition(s) must be provided
- 4. Do you hold a valid driver's license from another province, state or country? If 'yes' state where. Provide Driver's License Number, Effective and Expiry Dates, Driver's License Class. o Yes o No

Comments: _____

Payment Options:		
o Full Payment	Credit Card Payment:	
o 4 Payments	o Visa	o Mastercard
o 12 Pre-Authorized Withdrawals	Credit Card #: _____	
Withdrawal Date: _____	Expiry: ____/____	

Driver's Signature: _____