

A) I, _____, of _____, in _____, in the Province of Manitoba do hereby declare that
 (Print Name) (Print Street Address or section number)
 _____,
 (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)

C) 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? YES NO

When driving do you require corrective lenses (glasses or contacts)? YES NO

Have you ever had any of the following conditions that have NOT PREVIOUSLY BEEN REPORTED TO driver and vehicle licencing medical records:

- a) Seizures or blackouts? YES NO
- b) Lung or heart trouble, eye diseases, stroke, diabetes treated with injection of insulin, mental disorder, dementia or permanent limitation of motion? YES NO
- c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? YES NO

If yes to a), b) or c), please provide date and details of the condition: _____

Do you hold a valid Driver's licence from another province state or country? YES NO

If yes state where and provide driver's licence number, effective and expiry dates and licence class: _____

Have you ever held a Manitoba driver's licence or a learner's licence? If 'Yes', what year? _____

Have you had any name changes within the last five years? If 'Yes', provide former names(s) if you haven't already reported the change to Manitoba Public Insurance. _____

I authorize _____ to renew/purchase my driver's license.

I MAKE THIS APPLICATION TO THE REGISTRAR OF MOTOR VEHICLES IN SUPPORT OF MY APPLICATION OF THE RENEWAL OF MY MANITOBA DRIVER'S LICENSE.

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.