



# Application for Administrative Suspension Review



**Manitoba  
Public Insurance**

**Société d'assurance  
publique du Manitoba**

UNDER SECTION 263.2(1) OF *THE HIGHWAY TRAFFIC ACT*, AN APPLICATION FOR REVIEW MAY NOT BE CONSIDERED UNTIL YOUR DRIVER LICENCE OR PERMIT IS SURRENDERED OR A CERTIFICATION THAT THE DRIVER LICENCE OR PERMIT HAS BEEN LOST OR DESTROYED IS SUBMITTED TO THE REGISTRAR.

**PLEASE READ INFORMATION ON REVERSE BEFORE COMPLETING THIS APPLICATION.**

**PLEASE PRINT**

MPI use only
Receipt # _____
Date Received: _____

Last Name	First Name	Initial
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Res. Phone No.	Bus. Phone No.
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No. and Street or Box No.

Date of Birth (Day/Month/Year)

City or Town	Postal Code
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Driver Licence Number

Type of Review requested (check one):

Written Review \$50.00

In Person Review \$100.00

Location preference for

<input type="checkbox"/> Winnipeg	<input type="checkbox"/> Brandon	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Thompson
<input type="checkbox"/> The Pas	<input type="checkbox"/> Portage La Prairie	<input type="checkbox"/> Winkler	<input type="checkbox"/> Beausejour

I have retained legal counsel for the review  Yes  No

If "YES", give name, address, and telephone number of counsel: \_\_\_\_\_

Answer those questions which you consider relevant to the determination of this review. You are under no obligation to answer any question but if you fail to do so the information provided may not be sufficient to allow the Registrar to revoke the suspension and reinstate your driving privileges. Should you require additional space for your answers, attach an addition page to the application.

- 1) Are you the person named as the driver in the Notice and Order of Suspension or Disqualification?
 

Yes  No If NO, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  
- 2) Did you take a Standard Field Sobriety Test, a breathalyzer test or was a sample of your blood provided for analysis?
 

Yes  No If NO, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  
- 3) Describe any circumstances relating to the taking of the Standard Field Sobriety Test, breathalyzer test or sample of blood, or if you failed to or refused to take a breathalyzer test or provide a sample of blood, the circumstances relating to that failure or refusal, which you consider relevant for the purpose of this review.
 

\_\_\_\_\_

\_\_\_\_\_
  
- 4) Describe any additional circumstances or reasons why you believe the suspension or disqualification of your driving privileges should be revoked and your driving privileges should be reinstated.
 

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