



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
Mid-Term Change
Cancellation
Short Term Effective Date
Expiry Date

Table with 5 columns: Policy Coverage, Deductible, Third-Party Liability, Extension Loss of Use. Rows include All Purpose, Pleasure, Other, Specify, and Commuter.

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 (\$500,000, \$1,000,000, \$2,000,000)
Accident Benefits
Collision Coverage (\$500, \$200 Deductible)
Comprehensive Coverage (\$500, \$200 Deductible)
Collision Coverage (\$750, \$500, \$300, \$200 Deductible)
Comprehensive Coverage (\$500, \$200 Deductible)
Extension Loss Of Use (Level 1, 2, 3, Declined)
I require No Changes
Please amend to Lay-Up Insurance.

Lay-up Insurance:

Effective Date: _____

Manitoba address where vehicle is stored:

Cancellation:

Effective Date: _____

Lay-Up Insurance Declined (Initials): _____

Plates Surrendered: ___ YES ___ NO

X _____
Registered Owner's Signature

X _____
Authorized Person's Signature

Date



Customer Unavailable – Declaration of Residency

A) I, _____, of _____, in _____, in the Province of Manitoba do hereby declare that
 (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

Full Payment	Bank Draft	Cheque	Credit Card	Money Order
Four-Payment	Bank Draft	Cheque	Credit Card	Money Order

Credit Card Authorization

Credit Card: MasterCard VISA

Name on Card (please print): _____

Card Number: _____

Expiry Date: _____

Pre-Authorized Payment Financing Agreement

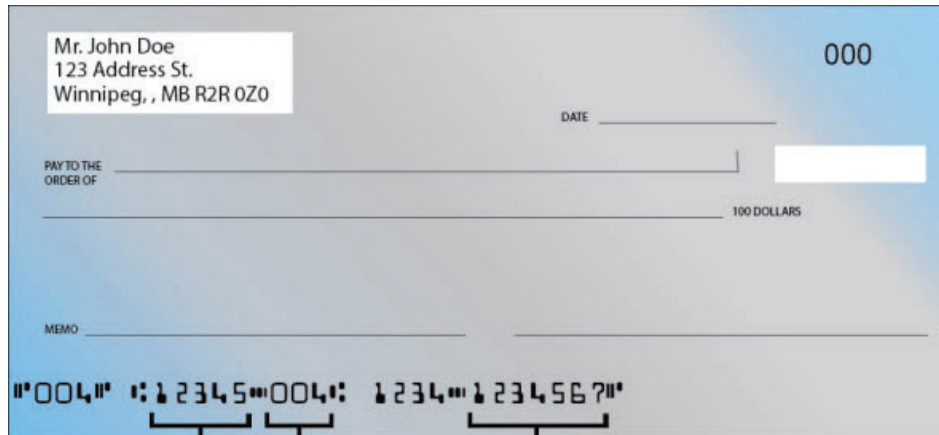
12 Pre-Authorized payments from your bank account

Bank Account Information: (You may include a void cheque or bank account details available from your financial institution with this form.)

Transit No.
(5 digits)

Institution No.
(3 digits)

Account No.
(7 to 12 digits)



Bank
Transit
Number

Institution
Number

Bank
Account
Number