



OFFICE USE ONLY
Customer number:

Application for Dealer's Permit

Check one: **New application** **Renewal** **Location Change**

Application is hereby made for a Dealer's Permit in the name of:

Name under which business will be carried on (e.g., corporate name and/or operating name)	Business Type (sole proprietor, partnership, corporation)
Business Address (Operating Location)	
Mailing Address (if different than Business Address)	
Email Address	Phone Number

Please state below FULL NAME, RESIDENCE ADDRESS, TELEPHONE NUMBER, EMAIL ADDRESS and BIRTH DATE of:

- a) the individual dealer 'sole proprietor' applicant; or
- b) in the case of a partnership, the details of each partner; or
- c) in the case of a corporation, the details of each director and individual authorized (separate authorization letter required for authorized individuals) to act on behalf of the corporation.

FULL NAME	ADDRESS	PHONE NUMBER & EMAIL	BIRTH DATE

CAUTION: It is an offence to knowingly make a false answer to a question.

NO YES

- 1. Did you hold a Dealer's Permit last year? NO YES → Dealer's Permit Number:
- 2. Have you ever had a dealer permit or salesperson permit suspended or revoked? NO YES → State Particulars:
- 3. Do you carry on business from more than one location? NO YES → Address of Each Location:

Name & Signature of Applicant
(print & sign)

Date

The fee for a Dealer's Permit is \$120.00 per year, and can be issued for up to five years, depending on customer anniversary date.

If applying by mail, send to:

Vehicle Safety
J.W. Zacharias Physical Damage Research Centre
1981 Plessis Road
Box 45064
Winnipeg, MB R2C 5C7

Please provide a cheque (contact for amount) or a completed [Credit Card Authorization form](#) with your application

If **Submit Form** does not open a new email, save this form to your computer, and email it to **VSI-DealerInfo@mpi.mb.ca**.

If applying by fax, send to 204-954-5319.