



<b>OFFICE USE ONLY</b>
Customer number:

# Application for Dealer's Permit

Check one: **New application**                      **Renewal**

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 and BIRTH DATE of:

- a) the individual dealer applicant; or
- b) in the case of a partnership, of each partner; or
- c) in the case of a corporation, of each director.

FULL NAME	ADDRESS	TELEPHONE NUMBER	BIRTH DATE

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

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

Date of application \_\_\_\_\_

Signature of applicant \_\_\_\_\_

The fee for a Dealer's Permit is \$600.00 and is valid for five years. Please provide a cheque or a completed Credit Card Authorization form with your application 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 mail, send to:

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

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