



# Application for Salesperson's Permit

**FOR OFFICE USE ONLY**

AMOUNT \_\_\_\_\_ .00

VALID YEAR

Choose one: **New Application**                      **Renewal**

<b>Surname</b>		<b>Given names</b>	
<b>Address (street no. &amp; name or box no.)</b>		<b>Phone no.</b>	
<b>City, town or municipality</b>	<b>Postal code</b>		<b>BIRTH DATE (mm/dd/yyyy)</b>
	<b>Email address</b>		

**NAME OF EMPLOYERS AND DATES OF EMPLOYMENT DURING THE PAST THREE YEARS**

NAME

ADDRESS

DATES (mm/yy - mm/yy)


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

- |   |   |                            |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | NO  | YES                        |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Did you hold a Salesperson's Permit last year?                           | <input type="checkbox"/>  | <input type="checkbox"/> → | Permit Number: _____     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Have you ever had a Dealer or Salesperson's Permit suspended or revoked? | <input type="checkbox"/>  | <input type="checkbox"/> → | State Particulars: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. The number of my driver's licence is:                                    | <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td style="width:10%; height: 20px;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td> </tr> </table> |                            |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                            |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

I declare that the information shown and declarations made are true and correct.



DATE OF APPLICATION

SIGNATURE OF APPLICANT

**THIS AREA MUST BE FULLY COMPLETED OR APPLICATION WILL BE REJECTED**

**CERTIFICATE OF EMPLOYER**

**TO THE REGISTRAR:**

I / We \_\_\_\_\_, dealer permit number \_\_\_\_\_, hereby certify that the information given by \_\_\_\_\_ in the foregoing application is true to the best of my knowledge and belief and request that the application be granted.

EMAIL

DATE

SIGNATURE OF DEALER OR AUTHORIZED REPRESENTATIVE

The fee for a Salesperson Permit is \$35 per year (renewed at the end of February each year). Please provide a cheque with your application or submit a completed [Credit Card Authorization form](#).

If Submit Form does not open a new email, save this form to your computer and email it to [VSI-DealerInfo@mpi.mb.ca](mailto:VSI-DealerInfo@mpi.mb.ca).

**OR RETURN 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.

**OFFICE USE ONLY - SALESPERSON'S PERMIT NO.**

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