

## **Application for Salesperson's Permit**

Choose one: New Application R	enewal	
Surname:	Given name(s):	Birth Date (mm/dd/yyyy):
Address (street no., name, or box no.):		Tel:
City, town, or municipality:	Postal code:	Email:
CAUTION: It is a punishable offence	to knowingly answer falsely to any o	question.
Did you hold a Salesperson's Permit la	st year? Yes 🗌 No 🔲 If yes, pro	ovide the permit number:
Have you ever had a Dealer or Salespe	erson's Permit suspended or revoked	d? Yes ☐ No ☐
If yes, state particulars:	·	
Driver's licence number:		
declare that the information shown ar	nd declarations made are true and co	orrect.
Applicant signature:	D	ate:
THIS	AREA MUST BE FULLY COMPLETED OR APPLICA	ATION WILL BE REJECTED
TO THE REGISTRAR: CERTIFICATE OF EMPLOYER		
I/We	, dealer permit number_	, hereby certify that the information given
by	in the foregoing application is to	rue 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 \$35.00 per year (renewed at the end of February each year). If paying in person, please bring your completed application and pay by cash, cheque, or credit/debit to Vehicle Safety or any MPI service centre. For credit card payment, please complete a Credit Card Authorization form and mail or submit in person along with your application. If paying over the phone, please email the completed application to VSI-DealerInfo@mpi.mb.ca; you will be contacted within five days for payment.		Or return by mail to: Vehicle Safety J.W. Zacharias Physical Damage Research Centre 1981 Plessis Road Box 45064, Regent Postal Outlet Winnipeg, MB R2C 5C7

1258-12-D1 MG-1061 (R-12/17) FDC0003

OFFICE USE ONLY - SALESPERSON'S PERMIT NO.