

## NEW APPLICATION FOR CLASS 1, 2 & 3 TRAINING VEHICLE PERMIT

### SECTION A - MUST BE COMPLETED BY REGISTERED OWNER

As registered owner, I, \_\_\_\_\_, authorize the driver

PRINT NAME ACCORDING TO VEHICLE REGISTRATION CARD

training school indicated in Section B below to apply for a training vehicle permit for the vehicle described herein. I also authorize the Department of Driver Education and Training, within Manitoba Public Insurance, to access Manitoba Public Insurance records to ensure this vehicle meets and maintains the requirements of a Training Vehicle Permit.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MAKE MODEL COLOUR SEATING CAPACITY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PLATE NUMBER V.I.N. YEAR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE SIGNATURE OF REGISTERED OWNER ACCORDING TO REGISTRATION CARD

### SECTION B - MUST BE COMPLETED BY DRIVER TRAINING SCHOOL OWNER

As the owner of \_\_\_\_\_

DRIVER TRAINING SCHOOL NAME

located at \_\_\_\_\_

STREET OR P.O. BOX

CITY/TOWN

POSTAL CODE

I am making application for a training vehicle permit for the vehicle mentioned in Section A above.

**Class of vehicle permit:**     CLASS 1     CLASS 2     CLASS 3

**The vehicle is equipped with:**

Signs:  Yes     No    Manual Transmission:  Yes     No    Air Brake Equipped:  Yes     No

Indicate the number of additional seats with seatbelts aside from the standard driver and passenger: \_\_\_\_\_

**Has the licence plate been transferred from a vehicle previously permitted by this school?**     Yes     No

If **YES**, the particulars of the previous vehicle are:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
VIN MAKE & MODEL

**Have you enclosed the previous vehicle's permit?**     Yes     No     Not Applicable

If **NO** – please explain: \_\_\_\_\_  
LOST / DESTROYED

**Remember to enclose a copy of the Registration Certificate, applicable insurance, and Certificate of Inspection or NVIS.**

**I am aware of the provisions of the Driver Training Schools, Driving Instructors and Training Vehicle Regulation**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_