



IRP Consultant Power of Attorney/Authorization Form

Carrier information:

Individual or Company Name:

Physical Address: Phone Number:

Authorized Signature:

Authorized Printed Name: Date:

We/I authorize the listed IRP consultant below to act on our/my behalf as agent for IRP vehicle registration and IRP account purposes. This includes the authority to:

- Obtain, prepare, sign and submit documents for IRP applications
- Request refund cheque be processed for credit on file and mail to Carrier
- Pay IRP invoice and pick up IRP Credentials at Service Centre location

IRP Consultant information:

Consultant Name:

Physical Address: Phone Number:

Authorized Signature:

Authorized Printed Name: Date:

This power of attorney will be in effect beginning and will remain in effect until cancelled by either party.

I hereby consent and authorize Manitoba Public Insurance to access my Manitoba Public Insurance customer account and link the following information from that account to be listed in my client's account: in my capacity as a third-party consultant: Legal Name, Primary Phone Number, Fax Number, Street Address, Jurisdiction, Postal Code and Country. I understand that this information will be displayed in my client's account under the Consultant tab information for the purpose of Manitoba Public Insurance communicating with me pursuant to the Power of Attorney or authorization my client has provided for me or my company to conduct business on their behalf. This consent is valid for the time the Power of Attorney or authorization is in effect or unless I revoke it.