



Profession-based Guarantor Form

READ BEFORE COMPLETING THIS FORM:

Choosing an Eligible Guarantor

Your Guarantor **MUST**:

1. Be a Canadian citizen residing in Canada.
2. Be at least 18 years of age and have known you for at least two years.
3. Be of a qualifying profession and meet the occupation and offices criteria.
4. Fully complete the Declaration of Guarantor section below.
5. Initial any and all changes and corrections made to information provided as part of this declaration.

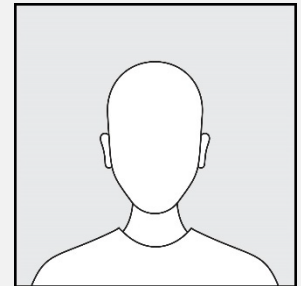
Your Guarantor **CAN** be:

Friends or family if they meet the other Guarantor requirements listed above.

Selecting an Applicant Photo*

Applicant photo **MUST**:

- Be available when this form is completed in the presence of the Guarantor.
- Have been taken within the last 3 months. *Photos or photocopies of previous Applicant photos or ID are **NOT** acceptable.*
- Have a neutral facial expression.
- Have a plain background.
- Show Applicant from shoulders up with facial features clearly visible.



Applicant photo **CAN** be:

- a) a passport photo,
 - b) a store printed photo,
- OR**
- c) a photo taken and printed by the Applicant.

Photos are required **ONLY if the Guarantor form is used to support the photo requirement.*

WARNING to all Applicants and Guarantors – Any false statement, misrepresentation or concealment of any material fact on this form, or on any other document presented in support of this application, may be grounds for criminal prosecution and/or may result in your application being denied.

PLEASE READ THIS FORM CAREFULLY AND COMPLETE ALL SECTIONS AS REQUIRED

Section 1: Applicant's Information

Surname:	Given Names(s):	Date of Birth (dd/mm/yyyy):
Physical Address (Please do not use PO Box number):		
Apt. #:	City, Town or Village:	Postal Code:

Section 2: Declaration of Applicant

Please sign below and place a check mark in each of the boxes to declare that:

By signing below, I declare that:

- I certify the information above is correct, I am the Applicant and live at the residential address listed, and the attached photo is a true likeness of me.
- I consent to Manitoba Public Insurance collecting the information about me set out above and from my Guarantor or other third parties as necessary to verify my eligibility for a driver's licence or identification card.

Applicant's Signature:	Legal Guardian(s) Signature (If Applicant is under 18 years of age):
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Section 3: Applicant Photo

Please place a check mark in each of the boxes below to verify that your photo meets the requirements.

(Photos are required ONLY if the Guarantor form is used to support the photo requirement.

If the form is used solely for residency purposes, proceed to Section 4.)

- Applicant photo is attached to form.
- Guarantor has printed "This is a true likeness of the Applicant" on the back or front* of the Applicant supplied photo
*If the photo is printed on regular paper and there is white space around it, "This is a true likeness of the Applicant" may be written on the front of the paper.
- Applicant photo contains Guarantor signature

Section 4: Declaration of Guarantor

Surname:	Given Names(s):
Name of Firm/Organization:	
Official Title:	
Business Address:	Business Telephone:

Section 4: Declaration of Guarantor (continued from page 2)

Place a check mark beside the applicable occupation or office and provide the additional information if requested.

<input type="checkbox"/> 1. Dentist* <input type="checkbox"/> 2. Medical Doctor* <input type="checkbox"/> 3. Chiropractor* <input type="checkbox"/> 4. Judge <input type="checkbox"/> 5. Justice of the Peace <input type="checkbox"/> 6. Royal Canadian Mounted Police Officer: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Unit Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Detachment:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Badge #:</div> <input type="checkbox"/> 7. Provincial / Municipal Police Force Officer: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Unit Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Detachment:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Badge #:</div> <input type="checkbox"/> 8. Military Police Officer: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Unit Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Detachment:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Badge #:</div> <input type="checkbox"/> 9. Military Commanding Officer: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Unit Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Detachment:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Badge #:</div> <input type="checkbox"/> 10. Lawyer* <input type="checkbox"/> 11. Mayor, reeve or other chief elected official of municipality: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">City/ Municipality:</div>	<input type="checkbox"/> 12. Minister of religion authorized under the laws of Manitoba to perform marriages or authorized to do so under the laws of another province or territory in Canada: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Religious Organization:</div> <input type="checkbox"/> 13. Notary Public <input type="checkbox"/> 14. Optometrist <input type="checkbox"/> 15. Pharmacist*: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Licence #:</div> <input type="checkbox"/> 16. Postmaster - as designated by the Canada Post Corporation Act <input type="checkbox"/> 17. Principal of a primary or secondary school: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">School Division:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">School Name:</div> <input type="checkbox"/> 18. Teacher of a primary or secondary school: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">School Division:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">School Name:</div> <input type="checkbox"/> 19. Professional Accountant - CPA <input type="checkbox"/> 20. Professional Engineer <input type="checkbox"/> 21. Senior administrator of a university or community college: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">University or college name:</div> <input type="checkbox"/> 22. Teacher at a university or community college: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">University or college name:</div>	<input type="checkbox"/> 23. Veterinarian* <input type="checkbox"/> 24. Chief of a band, as defined in the Indian Act (Canada): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of First Nation, Tribal Council or Community:</div> <input type="checkbox"/> 25. Membership clerk of a band, as defined in the Indian Act (Canada): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of First Nation, Tribal Council or Community:</div> <input type="checkbox"/> 26. Member of Parliament <input type="checkbox"/> 27. Member of the Legislative Assembly or Provincial Parliament of another province or territory of Canada <input type="checkbox"/> 28. Federal penitentiary warden: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Institution:</div> <input type="checkbox"/> 29. Social Worker* <input type="checkbox"/> 30. Nurse practitioner* <input type="checkbox"/> 31. Parole Officer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Employer Name:</div> <input type="checkbox"/> 32. Probation Officer <input type="checkbox"/> 33. Corrections Officer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Institution:</div>
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*Must be registered or licensed in Canada

- I declare that I am actively employed or engaged in Canada in the occupation or office indicated above, and that I am a Canadian citizen. To the best of my knowledge and belief, all of the statements made in this application are true, and the signature shown is a true representation of the applicant's signature.
- I have known the applicant for at least **TWO** years.
- I authorize Manitoba Public Insurance to take such steps as it considers necessary to verify my authority to act as a qualified guarantor, and to collect my personal information for that purpose. I authorize my employer, my professional association, or my governing body (as the case may be) to disclose such personal information to Manitoba Public Insurance as is necessary to confirm my qualification to act as a guarantor.

Guarantor's
Signature:

Date (dd/mm/yyyy):

Signed at (City/Province):

The personal information contained in this form is collected under the authority of section 12 or 150.5 of *The Drivers and Vehicles Act* and under the authority of section 36(b) of *The Freedom of Information and Protection of Privacy Act*. The personal information is used to administer the driver's licence or identification card records.

If you have any questions about the collection of your personal information, please contact the Manitoba Public Insurance Contact Centre at 204-985-7000.