

Transport Permit Request

Pursuant to s.3 (3) of Manitoba Regulation 76/94

Request Date:

Vehicle Safety J.W. Zacharias Physical Damage Research Centre 1981 Plessis Road Box 45064 Winnipeg, MB R2C 5C7

Phone: 204-985-0920

Please complete all fields to ensure quick processing. Please note that the Transport Permit is only valid for 24 hours.

Registered Owner Ir	nformation				
Name:			Address:		
City: Province:			Postal Code:		Phone Number:
Contact Person (if di	fferent)				
Name:			Phone Number:		
Vehicle Information					
Year: Make:		Make:	Model:		
VIN:			Plate Number/Temporary Registration Number:		
Trip Details					
Start Date and Start Time:			End Date:		
Destination Start Address:			Exact Address of Destination Inspection Station / Repair Facility:		
Delivery Method					
How would you like the permit delivered? Email			Fax		
	illit delivered:	Lillali			
Email Address:			Fax Number:		
Instructions					
Please send proof of ac	tive/temporary regist	tration along with this	request form by emai	lorfay:	
	ationinfo@mpi.mb.ca		s request for in by elliar	101 141.	
• Fax to (204) 9					

Permits are only available for registered vehicles and only required for vehicles without a valid safety. Permit is only valid in Manitoba. If your vehicle is not registered, you will need a temporary registration, which can be obtained at any Autopac agent.

Rev. November 2021 1 of 1 KMS