*** DRIVER'S LICENCE RENEWAL AUTHORIZATION ***

Name: _____ Customer #: _____ Phone #: _____

If you require a new Driver's Licence Photo please attend our office in person

Driver's Licence Questionnaire

Answer 'Yes' or 'No' to the following questions. Caution: It is a punishable offence to knowingly make a false answer to any question.

_	Are you now prohibited by court from driving or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled?	YES
Ш	NO	
1.	When driving do you require corrective lenses (glasses or contacts)?	YES
2 1.	Have you ever had any of the following conditions, WHICH HAVE NOT PREVIOUSLY BEEN REPORTED to Driver & Vehicle Licensing Medical Records:	
YE	a) Seizures or blackouts? S 🛛 NO	
	 b) Lung or heart trouble, eye diseases, stroke, diabetes treated with injectable insulin, mental disorder, dementia or permanent limitation of motion? NO 	YES
	c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? YES NO	
	If yes to a), b) or c) the date and details of the condition(s) must be provided below	
1.	Do you hold a valid driver's licence from another province, state or country? If "Yes" state where below. Provide driver's licence number, effective date, expiry date and driver's licence class	_
	 П NO	□ YES

DRIVER'S LICENCE PAYMENT OPTIONS:

Cheque enclosed TYES Visa or MasterCard # _____ Expiry Date:

***** Financing options may be available for some Driver's Licence Fees (examples – additional fees for At-fault Accidents or Demerits) ***** For more information please visit our office.

I authorize Manders Cherewyk Insurance Brokers to process my Driver's Licence renewal and payment as indicated above.

I also authorize Manitoba Public Insurance to provide Manders Cherewyk Insurance Brokers with information provided by me on my driver licence, vehicle registration and insurance application forms for agency marketing purposes. I understand that my consent status remains in force unless otherwise authorized by me. I can request changes to my consent status at any time.

X	
SIGNATURE OF DRIVER APPLICANT	DATE