

Customer Authorization for Vehicle Registration and Insurance Transactions

Customer Number:	er Number: Driver's Licence Number:							
l,	hereby authorize							
(Print your Name)	hereby authorize (Print your Name) (Print Name and Contact Telephone Number)							
To complete the following transaction(s) on my/our behalf on the following vehicle(s):								
(Licence Plate Number, Year, Make & Model of Vehicle, VIN)								
Vehicle Transaction: (Select all the	hat apply)							
<u></u>	ation/Reapplication	☐ Mid-T	erm Change					
☐ New Application		☐ Cance						
☐ Short Term Effe	Short Term Effective Date Expiry Date							
Policy Coverage:	Deductible:	Third Part	y Liability:	Loss of Use: (For policies in effect July 1, 2022 or later)				
All Purpose	S \$750 S	\$500,000 Basic	\$5,000,000	Passenger Vehicle				
☐ Pleasure ☐ Other (specify)	□ \$500 □ □ \$300 □] \$1,000,000] \$2,000,000	\$7,000,000 \$10,000,000	☐ Motorcycle☐ Declined				
	☐ \$200 Standard	J \$2,000,000	\$10,000,000	☐ Declined				
☐ Commuter	☐ \$200 Plus							
Excess Value over \$70,000:	000: New Vehicle Protection:							
Declared Value (if applicable):								
Off-Road Vehicle Options:		ycle Options:		r Options:				
☐ Third Party Liability ☐ \$500,000 (Basic)	∐ Coll Γ	ision Coverage] \$750 Deductible		uire No Changes. se amend to Lay-Up Coverage				
\$1,000,000		\$500 Deductible		se amend to Lay-Op Coverage				
\$2,000,000		\$300 Deductible						
☐ Accident Benefits	L	\$200 Deductible						
Collision Coverage	<u> </u>							
☐ \$500 Deductible ☐ \$200 Deductible	\$500 Deductible \$500 Deductible							
Comprehensive Coverage								
\$200 Deductible	ble Passenger Vehicle							
\$500 Deductible	L	Motorcycle Declined						
		_ Decimed						
Lay-Up Insurance:								
Effective Date:	Date: Manitoba address where vehicle is stored:			icle is stored:				
Cancellation:				······································				
Effective Date:		Lay-Up Insurance Declined (initials)						
Plates Surrendered: Yes	s No							
X	X		X					
Registered Owner's Signature	Αι	ıthorized Person's Signatı	ure D	ate				

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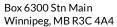
Customer Unavailable - Declaration of Residency

A)	Ι,	,, of	, in						
		(Print Name) (Print Str	eet Address or Section Number)						
		, in the Province of Manitoba do hereby declare that							
	Lam	(Print City or Town) I am a resident of the Province of Manitoba that my permanent address is indicated above, and that I am legally entitled to							
		in Canada.	ess is indicated above, and that rain regains entitled to						
	My Manitoba Public Insurance Customer Number is: and/or								
	My driver's licence number is:								
	,	(Please Print)							
B)		I am temporarily absent from Manitoba because I am:							
			the Arthur and Constitution to the start of the back and a section						
	Ш	attending a course of study full time at an educational institu							
		other institution of learning recognized by the registrar) outs							
	Ш	taking a sabbatical leave, advanced or supplementary training employment.	or instruction wille on educational leave from						
		serving as a missionary or aid worker on behalf of a religious	or nonprofit organization approved as a registered						
		charity under the Income Tax Act (Canada).							
		employed with the Government of Manitoba, the Governme	nt of Canada, or an agency of either.						
	temporarily absent from Manitoba for the purpose of assuming a temporary employment or fulfilling a contract.								
	You must check with the jurisdiction you are temporarily in and comply with their rules.								
	away for the winter (Snowbird), on vacation, for some other reason (please specify)								
		and intend to return immediately after completion of the above							
	indicated reason and providing reasonable travelling time on:								
	I am in Manitoba but unable to attend in person because:								
	(Provide reason, for example, hospitalized)								
I auth	orize	eto ren	ew/purchase my driver's licence. I also authorize this						
		renew/purchase vehicle registration and insurance policy(s) on b							
autho	orizat	tion.							
ΙΝΛΝΙ	/E TL	HIS APPLICATION TO THE REGISTRAR OF MOTOR VEHICLES	IN SLIDDORT OF MY ADDITION OF THE						
RENEWAL OF MY MANITOBA DRIVER'S LICENCE, AND/OR VEHICLE REGISTRATION AND INSURANCE POLICY(S).									
·-									
		(Date)	(Signature)						

CAUTION:

IT IS THE RESPONSIBILITY OF CUSTOMERS TO ENSURE COMPLIANCE WITH THE HIGHWAY SAFETY, DRIVER LICENSING, AND VEHICLE REGISTRATION LAWS OF THE JURISDICTION(S) IN WHICH THEYOPERATE A VEHICLE. PLEASE CONTACT THE LOCAL LICENSING/REGISTRATION AUTHORITIES TO ENSURE THAT YOU ARE ALLOWED TO MAINTAIN AND USE YOUR MANITOBA DRIVER'S LICENCE AND/OR VEHICLE REGISTRATION AND INSURANCE WHILE YOU ARE THERE.

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www.mpi.mb.ca 204-985-7000 1-800-655-2410



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Institution

Bank

Transit Number

DO NOT SCAN THIS PAGE

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

Payment Options ☐ Full Payment ☐ Four-Payment	Payment Method ☐ Bank Draft ☐ Bank Draft	d □ Cheque □ Cheque	☐ Credit Card ☐ Credit Card	☐ Money Order ☐ Money Order
Credit Card Autho	orization			
Credit Card:	■ MasterCard	□VISA		
Name on Card (please	print):			
Card Number:				
Expiry Date:				
☐ 12 Pre-Authorized	payment Financing Ag payments from a ban pation: (You may inclu Institution No. 3 digits)	k account	ank account details av	vailable from your financial institution with
Mr. John Doe 123 Address St. Winnipeg, , MB R2R 0Z	o	DATE	000	
PAYTO THE			DOLLARS	

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Bank Account

Number