

NEW APPLICATION FOR CLASS 4 & 5 TRAINING VEHICLE PERMIT

SECTION A - MUST BE COMPLETED BY REGISTERED OWNER

As registered owner, I, _____, authorize the driver

PRINT NAME ACCORDING TO VEHICLE REGISTRATION CARD

training school indicated in Section B below to apply for a training vehicle permit for the vehicle described herein. I also authorize the Department of Driver Education and Training, within Manitoba Public Insurance, to access Manitoba Public Insurance records to ensure this vehicle meets and maintains the requirements of a Training Vehicle Permit.

_____/_____/_____/_____
MAKE MODEL COLOUR NUMBER OF DOORS

_____/_____/_____
PLATE NUMBER V.I.N. YEAR

DATE

SIGNATURE OF REGISTERED OWNER ACCORDING TO REGISTRATION CARD

SECTION B - MUST BE COMPLETED BY DRIVER TRAINING SCHOOL OWNER

As the owner of _____
DRIVER TRAINING SCHOOL NAME

located at _____
STREET OR P.O. BOX CITY/TOWN POSTAL CODE

I am making application for a training vehicle permit for the vehicle mentioned in Section A above.

Class of vehicle permit: CLASS 4 CLASS 5

This vehicle is equipped with:

- Signs Yes No
 Dual brake: Yes No
 Rear-view mirror: Yes No

Transmission: Automatic Yes No

Has the licence plate been transferred from a vehicle previously permitted by this school? Yes No

If **YES**, the particulars of the previous vehicle are:

_____/_____
VIN MAKE & MODEL

Have you enclosed the previous vehicle's permit? Yes No Not Applicable

If **NO** – please explain: _____
LOST / DESTROYED

Remember to enclose a copy of the Registration Certificate and Certificate of Inspection or NVIS.

I am aware of the provisions of the Driver Training Schools, Driving Instructors and Training Vehicle Regulation

Date: _____ Signature: _____