

Name of Business/Registrant (Print)

## REPAIRER PLATE APPLICATION

Vehicle Safety

Public Insurance	☐ INITIAL	☐ ADDIT	ΓΙΟΝΑL E	☐ RENI	EWAL	Research Centre 1981 Plessis Road P.O. Box 45064 Winnipeg, MB R2C 5C7 204-985-0920	
Name of Applicant/Company/Corporation			Trade Name (if applicable)				
Street, P.O. Box Number			Email Address				
Shop Address			City, Town or Village				
Postal Code	Telephone Nur	Fax Number					
Initial applicants within The Conline Occupancy Permit / Develocities accessories, vehicles repwinnipeg must provide municipal requirements to operate as a vehicle additional plates and renewithout a permanent, valid / approximately	elopment Policy se pairs, tire service, pal business licenchicle repair / service wals only require	earch. Any typetc., is a permode or letter from the facility.  It is a permode or letter from the facility.	ne of vehicle so nitted use for me the municipation if business	ervice des the repair pality stati	cription, fer plate. In the plate in the pla	or example, vehicle detailing, nitial applicants outside	
Check the one that applies:							
☐ Dealer	Permit #						
☐ Vehicle Inspection Station			Initial applicants only:				
Business:					PST #		
<ul> <li>☐ I own and operate a fleet of five or more vehicles and maintain replacilities for them, or</li> <li>☐ I maintain a garage for servicing motor vehicles for others (for compensation)</li> </ul>					GST#_		
USES OF REPAI	RER PLATES A	S PROVIDE	ED BY THE	DRIVER	S AND V	EHICLES ACT	
						tody and control of a repairer for ne place to another in connection	
65 (3) No person shall attach a rvehicle has been repaired and is							
65 (4) No person shall attach a r compensation.	epairer number pl	ate to a vehicle	e for the purpo	ose of usin	g it to trar	nsport persons or property for	
		DECLA	RATIONS				
I have read and understand the a	authorized uses of	repairer plates	as provided i	in The Dri	vers and V	Vehicles Act (DVA).	
I am aware of the limited insura			•			. ,	
I am aware that failure to compl			_	or cancel	lation of n	ny repairer plates. I have read	
and understood these declaratio	ons.						

CAUTION: IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION.

Name & Signature of Business Owner/Director (Print/Sign) Date