



NEW APPLICATION FOR DRIVER TRAINING SCHOOL PERMIT

Driver Training School N	ame:				
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School Mailing Address:	NUMBER	STREET			POSTAL CODE
Name of School Owner:					1 001/12 0052
	CORPORATION, PA	ARTNERSHIP, INDIVIDUA			
Telephone:	Ce	II:	E-Mail:_		
Indicate the driving scho	ol permit class(es)) for which this	application is b	eing made:	
☐ CLASS 1 ☐ CLASS	2 CLASS 3	☐ CLASS 4	CLASS 5	☐ CLASS 6	☐ SCHOOL BUS
Instruction in official langua	ages offered 🚨 Er	nglish 🛭 Frenc	า		
In the last five years, hav	e you been convic	ted of:			
two or more offences vehicle or while driving	g or having care or c	sustody of a Moto	or vehicle? 🔲 `	Yes □ No	
 any convictions under involving moral turpitude 			ence against a p	erson, a sexual c	offence, or an offence
been convicted of a convicted of another province				adian Human R	ights Act or a similar
Print the name & permit for this driver training so				who will be pro	viding instructing
1)	Instructor Permit Number:				nber:
2)	Instructor Permit Number:				nber:
List plate numbers of AL sheet if necessary):	L vehicles used fo	r training with t	his driver traini	ng school (atta	ch an additional
1)	2)				
A driving school permit to disclose information r verify any information pr	equired in this app ovided in this app	olication. The ap lication.	plicant authori	zes Manitoba P	ublic Insurance to
I certify that the above in cancelled if the applicant application. Yes N	t makes a material				
I am aware of the provisi Regulation. ☐ Yes ☐ N		raining School	s, Driving Instru	ictors and Train	ning Vehicle
Date		Signature of School Owner			