

Société d'assurance Public Insurance publique du Manitoba

PRE-AUTHORIZATION

I authorize Manitoba Public Insurance's Driver Training Permit Unit to determine if my driving record meets the Manitoba Driving Instructor's permit qualifications prescribed by Regulation 46/2006.

In order to thoroughly determine if you meet the driving record and mileage requirements, please include copies of your mileage confirmation as outlined in the permit requirement package.

NAME (please print):	SURNAME FIRST			MIDDLE	
DRIVER'S LICENCE	NUMBER:				
DATE OF BIRTH:					
CLASS OF PERMIT:], CL1 □, CL2 □, C	CL3 □, SCHOOL BUS		
SIGNATURE:		DATE:			
Written confirmation v	vill be sent to ye	our e-mail address:			
Telephone: Email:					
Send this form to:	D	anitoba Public Insu river Training Permi Box 6300 Winnipeg MB R3C	t Unit		
		or			
		PermitUnit@mpi.mt	o.ca		
		MPI OFFICE USE	ONLY		
DATE :	MEE	TS DRIVING RECOR	D REQUIREMENT:	🗌 YES 🗌 NO	
MPI CUSTOMER NU	MBER:		Verified by:		