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.

SURNAME	FIRST	FIRST		MIDDLE	
DRIVER'S LICENCE NUMBER:					
MONTH	DATE	YEA	AR		
CLASS OF PERMIT: CL 4 □, CL 5 □, CL6 □					
	DATE: _				
Written confirmation will be sent to your e-mail address:					
Em	ail:				
Send this form to: Manitoba Public Insurance Driver Training Permit Unit Box 6300 Winnipeg MB R3C 4A4 or PermitUnit@mpi.mb.ca					
MPI OFFICE USE ONLY					
MEETS DF	RIVING RECORD RE	EQUIREMENT:	☐ YES	□ NO	
MPI CUSTOMER NUMBER: Verified by:					
	NUMBER: MONTH CL 4 □, CL 5 □, C will be sent to your expension Manito Driver Winni Perm MEETS DE	MONTH DATE CL 4 □, CL 5 □, CL6 □ DATE: _ will be sent to your e-mail address: Email: Manitoba Public Insurance Driver Training Permit Un Box 6300 Winnipeg MB R3C 4A4 or PermitUnit@mpi.mb.ca MPI OFFICE USE ONL MEETS DRIVING RECORD RE	MONTH DATE YEA CL 4 □, CL 5 □, CL6 □ DATE: DATE: will be sent to your e-mail address: Email: Manitoba Public Insurance Driver Training Permit Unit Box 6300 Winnipeg MB R3C 4A4 or PermitUnit@mpi.mb.ca MPI OFFICE USE ONLY MEETS DRIVING RECORD REQUIREMENT:	MONTH DATE YEAR CL 4 □, CL 5 □, CL6 □ DATE: DATE: will be sent to your e-mail address: Email: Manitoba Public Insurance Driver Training Permit Unit Box 6300 Winnipeg MB R3C 4A4 or PermitUnit@mpi.mb.ca MPI OFFICE USE ONLY MEETS DRIVING RECORD REQUIREMENT: □ YES	