



## 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.

NAME (please print): \_\_\_\_\_  
SURNAME FIRST MIDDLE

DRIVER'S LICENCE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
MONTH DATE YEAR

CLASS OF PERMIT: CL 4 , CL 5 , CL6

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Written confirmation will be sent to your e-mail address:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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**

DATE : \_\_\_\_\_ MEETS DRIVING RECORD REQUIREMENT:  YES  NO

MPI CUSTOMER NUMBER: \_\_\_\_\_ Verified by: \_\_\_\_\_