

## APPLICATION FOR DRIVER TRAINING SCHOOL PERMIT (2024-2025)

This application must be filled out in its entirety in order to be considered.

Completed applications may be submitted by mail or in person:

**By Mail**

Manitoba Public Insurance - Driver Training Permit Unit  
Box 6300  
Winnipeg MB R3C 4A4

**Drop Off Location**

Security  
MPI Customer Service Centre  
Main Floor, 234 Donald Street

If you have questions, or for more information, contact the Driver Training Permit Unit:

Telephone: 204-985-8063 or toll free at 1-800-665-2410 ext. 8063

Email: PermitUnit@mpi.mb.ca

### TYPE OF APPLICATION

**New Application**

Applicant has not previously operated a permitted Driver Training School in Manitoba.

**Renewal of Driver Training School** permit number \_\_\_\_\_

Applicant holds a valid and current Driver Training School permit. Application must be received on or before March 31.

Expired permits cannot be renewed. Applications received on or after April 1 will be treated as Applications for Reinstatement.

**Application for Reinstatement**

Applicant has previously operated a Driver Training School in Manitoba but does not currently hold an active or valid permit.

### GENERAL INFORMATION

Driver Training School Name \_\_\_\_\_

AS REGISTERED WITH COMPANIES OFFICE

\_\_\_\_\_  
SCHOOL NAME AS COMMONLY USED (IF DIFFERENT FROM ABOVE)

School Mailing Address \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
POSTAL CODE

Primary Contact \_\_\_\_\_

FIRST AND LAST NAME

Contact Information \_\_\_\_\_

TELEPHONE

\_\_\_\_\_  
MOBILE

\_\_\_\_\_  
EMAIL

Indicate all vehicle class(es) in which you intend to offer training:

Class 1

Class 3

Class 5

School Bus

Class 2

Class 4

Class 6

Air Brakes

In which languages will training be offered?

English

French

Other (please note language below)

(Check all that apply)

### OWNERS AND DIRECTORS

Provide the full name of each corporation, partnership, and/or individual registered as an owner or director (attach an additional sheet if necessary).

Full Name	Role
	<input type="radio"/> Owner <input type="radio"/> Director
	<input type="radio"/> Owner <input type="radio"/> Director
	<input type="radio"/> Owner <input type="radio"/> Director

### DRIVER TRAINING VEHICLES

Provide the make, model and license plate numbers of ALL vehicles intended to be used for training by this driver training school (attach an additional sheet if necessary).

Year, Make and Model	License Plate Number	VIN

### DRIVER TRAINING INSTRUCTORS

Print the name and permit number of ALL instructors, including the owner, who will be providing instruction on behalf of this driver training school (attach an additional sheet if necessary).

Full Name	Permit Number

### TRAINING PREMISES AND FACILITIES

Driver Training Schools who will maintain a physical premises where training will be provided must provide a list of ALL applicable facilities and indicate the intended usage.

Physical Location of Facility (Street address/location and city name)	Intended Training Purpose (Check all that apply)
	<input type="radio"/> Classroom <input type="radio"/> Yard/Lot
	<input type="radio"/> Classroom <input type="radio"/> Yard/Lot

## CHECKLIST

To allow prompt consideration of your application, please ensure all required documentation is included. For more information on the documents required to support this application, please see [Driver Training School Permit Requirements](#).

Every application must include:

- Copy of the Companies Office summary verifying the business is legally registered in Manitoba. Summary must include a list of all business owners and directors associated with the business.
- Required Police Information checks/results for all owners/directors.
- Complete list of vehicles to be used for training.
- Complete list of instructors who will conduct training on behalf of the school.
- Signed copy of the *Driver Training Provider Professional Code of Conduct*.

If the Driver Training School will maintain a physical premises where driver training will be provided, the following information is also required:

- A complete list of all facilities to be used for training, along with the following supporting documents for each:
  - Authorization to use the premises for training purposes
  - Proof of required insurance
  - Building Occupancy Permit

**PAYMENT DETAILS**

If payment is being made for more than one permit application, please include a signed letter with a complete list of Driving Instructor Permits you wish to include in this payment. Fees will be processed upon approval of the application(s).

Permit Type	Application Type	Fee	Amount	Total Fees
Driving School Permit	New Application or Application for Reinstatement	\$200		
	Renewal Application	\$100		
Driving Instructor Permit	New Application or Application for Reinstatement	\$35		
	Renewal Application	\$20		

**Total Payment** \_\_\_\_\_

**Payment Method**

MasterCard or  Visa

Please complete and sign the Credit Card Authorization section below.

Cheque

Please enclose a cheque for the Total Payment amount made payable to the Minister of Finance.

**Credit Card Authorization**

Cardholder Name \_\_\_\_\_  
CARDHOLDER NAME AS IT APPEARS ON THE CREDIT CARD

Billing Address \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY AND PROVINCE

\_\_\_\_\_  
POSTAL CODE

Credit Card Details \_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_/\_\_\_\_\_  
EXPIRY DATE (MM/YYYY)

I authorize Manitoba Public Insurance to charge my credit card for the Total Payment amount shown above.

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

\_\_\_\_\_  
DATE

## ACKNOWLEDGEMENT AND AUTHORIZATION

I authorize Manitoba Public Insurance to verify any and all information provided in this application.

I certify that all information provided is true and correct. I understand that a material misstatement or failure to disclose the information required in this application may result in denial of this application or cancellation of any permit issued.

I have reviewed all available documentation describing the legislative and administrative provisions driver training schools are obliged to adhere to, and agree to comply with those provisions.

I confirm that I have read, understand, and agree to the following conditions of the Driver Training School Permit and acknowledge that specific conditions may be imposed upon any permit issued as a result of this application.

- Driver Training Schools must abide by the *Driver Training Professional Code of Conduct*.
- Driver Training Schools must ensure that information supplied to the Permit Unit is current, complete and correct.
  - Changes to mailing addresses, email addresses, and/ or directors, must be reported by email to the Permit Unit within 15 days of the change.
  - Changes to vehicle information, including modification to equipment and/or changes to license plates, must be emailed to the Permit Unit the day the change occurs.
- Driver training schools must ensure that all vehicles used for training are properly maintained and are in safe operating condition at all times.
- Driver training schools must not share information regarding any routes used for conducting road tests. Sharing, copying, or reproducing maps of testing routes is prohibited. This includes posting images or video of any portion of the routes ordinarily used for driver testing.
- Driver training schools must conduct business in accordance with all applicable laws, and demonstrate honesty and integrity in all aspects of their business.

I understand that Manitoba Public Insurance is obligated to investigate any reported complaints or concerns, and may also conduct periodic inspections or evaluations to monitor and enforce compliance.

I understand that failure to comply with any of the provisions or conditions may result in disciplinary action, up to and including revocation of any permit issued. I accept that any sanctions imposed against a permit may be made public.

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DRIVER TRAINING SCHOOL NAME

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APPLICANT SIGNATURE

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DATE