

## APPLICATION FOR DRIVER TRAINING VEHICLE 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 any 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](mailto:PermitUnit@mpi.mb.ca)

## INSTRUCTIONS

Applications for Training Vehicle Permits may only be submitted by permitted Driver Training Schools. Authorization from the registered owner of each vehicle is required to complete the application. Multiple vehicles may be included on a single page, provided the registered owner is the same for all. Please copy the relevant page if more space is required.

**Form A** should be used for:

- New Permit Applications: vehicle has not previously been permitted as a training vehicle.
- Renewal Applications: vehicle has a current and valid permit. Renewals must be submitted on or before March 31. Expired permits cannot be renewed. Applications received on or after April 1 will be treated as Applications for Reinstatement.
- Applications for Reinstatement: vehicle has previously been permitted but does not hold a current or valid permit.

**Form B** may be used if the Driver Training School wishes to transfer the licence plate of one permitted vehicle to a different vehicle requiring a permit. Information about the previous vehicle must be included, and the existing permit must be returned or destroyed. All vehicles must have valid permits before being used for training.

The following information is required for each vehicle:

- Licence plate and 17-digit Vehicle Identification Number (VIN)
- Vehicle make, model and year
- Colour and Class (1-6) of vehicle
- Seating (number of seats with functioning seatbelts)
- Doors (number of doors - required for Class 4 and 5 vehicles only)
- Transmission (automatic or manual)
- Type of Application (New, Renewal or Reinstatement as described above)

## GENERAL INFORMATION

DRIVER TRAINING SCHOOL NAME

SCHOOL PERMIT #

STREET ADDRESS

CITY

POSTAL CODE

TELEPHONE

MOBILE

EMAIL

Total number of vehicle permits requested in this application:



**Form B: Application to Transfer Licence Plates and Obtain New Permit**

Driver Training School applying for permit(s): \_\_\_\_\_

TRANSFER PLATES	FROM	VIN OF PERMITTED VEHICLE		MAKE & MODEL OF PERMITTED VEHICLE				PERMIT ENCLOSED
		<input type="text"/>						<input type="radio"/> Yes <input type="radio"/> No
	TO	LICENCE PLATE	VEHICLE MAKE	VEHICLE MODEL			VEHICLE YEAR	
		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
		VIN OF VEHICLE TO BE PERMITTED		COLOUR	CLASS	SEATING	DOORS	TRANSMISSION
		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Automatic <input type="radio"/> Manual

TRANSFER PLATES	FROM	VIN OF PERMITTED VEHICLE		MAKE & MODEL OF PERMITTED VEHICLE				PERMIT ENCLOSED
		<input type="text"/>						<input type="radio"/> Yes <input type="radio"/> No
	TO	LICENCE PLATE	VEHICLE MAKE	VEHICLE MODEL			VEHICLE YEAR	
		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
		VIN OF VEHICLE TO BE PERMITTED		COLOUR	CLASS	SEATING	DOORS	TRANSMISSION
		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Automatic <input type="radio"/> Manual

TRANSFER PLATES	FROM	VIN OF PERMITTED VEHICLE		MAKE & MODEL OF PERMITTED VEHICLE				PERMIT ENCLOSED
		<input type="text"/>						<input type="radio"/> Yes <input type="radio"/> No
	TO	LICENCE PLATE	VEHICLE MAKE	VEHICLE MODEL			VEHICLE YEAR	
		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
		VIN OF VEHICLE TO BE PERMITTED		COLOUR	CLASS	SEATING	DOORS	TRANSMISSION
		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Automatic <input type="radio"/> Manual

**Registered Owner**

I certify that I am the registered owner of the above vehicle(s) to be permitted. I authorize the Driver Training School noted above to apply for a training vehicle permit for the vehicle(s) described. I also authorize Manitoba Public Insurance to access relevant records to ensure each vehicle meets and maintains the requirements of a Training Vehicle Permit.

\_\_\_\_\_  
NAME OF REGISTERED OWNER

\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER

\_\_\_\_\_  
DATE

## 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 Training Vehicle Permit Requirements.

The following must be supplied for each vehicle:

- Authorization from the registered owner
- Copy of the vehicle registration
- New Vehicle Information Statement (NVIS) or Certificate of Inspection (COI)
- Proof of Insurance
- First Aid Kit
  
- Class 1 training vehicles - Proof of 50% payload 15,000 kg (33,000 lbs). The Driver Training School must also ensure that all vehicles included in this application are equipped as prescribed in Training Vehicle Permit Requirements. This includes required equipment, signage, and safety equipment.

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**ACKNOWLEDGEMENT AND AUTHORIZATION**

I authorize Manitoba Public Insurance to verify any and all information provided in this application, including information pertaining to the registration and insurance of any included vehicle(s).

I confirm that the vehicles included in this application are equipped as prescribed. I accept that Manitoba Public Insurance may inspect any vehicle prior to issuing a permit.

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 vehicles are subject to and agree to ensure vehicles are operated in compliance with those provisions.

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

- All vehicles must be properly maintained and in safe operating condition whenever in use for driver training.
- Changes to vehicle equipment or license plates must be reported to the Permit Unit, by email, on the day the changes are made.
- Training Vehicles must be operated in accordance with all applicable laws.

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 applicable 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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SIGNATURE OF DRIVER TRAINING SCHOOL OWNER

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DATE