

## APPLICATION FOR DRIVING INSTRUCTOR 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

Driving Record Confirmation Only

Applicant is requesting confirmation that their driving record meets the permit qualifications prior to submitting a New Application. Applicants must complete the [General Information](#) section below, submit their mileage confirmation (if required), and sign below to authorize MPI to review the driving record.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

New Application

Applicant has not previously held a Driving Instructor Permit in Manitoba.

Renewal of Driving Instructor permit number \_\_\_\_\_

Applicant holds a valid and current Driving Instructor 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 held a Driving Instructor permit in Manitoba, but does not currently hold an active or valid permit.

### GENERAL INFORMATION

\_\_\_\_\_  
MPI CUSTOMER NUMBER

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

\_\_\_\_\_  
SURNAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

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

\_\_\_\_\_  
DATE OF BIRTH (DD/MM/YY)

\_\_\_\_\_  
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

## 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 [Driving Instructor Permit Requirements](#).

- Every application must include Required Police Information checks/results.
- Every New Application or Application for Reinstatement must include a Certificate of Completion indicating that the required training program was completed within 3 years of application date.
- Every New Application or Application for Reinstatement must include a Certificate of Completion indicating that the required training program was completed within 4 years of application date.
- New Applications for Class 1, Class 2, Class 3, and/or School Bus Driving Instructor Permits must submit proof of driving experience (mileage/hours).
- New Applications for Class 1, Class 2, Class 3, and Class 4& 5 must successfully pass Commercial Driving Instructor Knowledge tests and Road Tests for the Class of instructor permit being applied for.
- Every application must include a signed copy of the *Driver Training Provider Professional Code of Conduct*.

## PAYMENT DETAILS

If payment is being made for more than one permit application, please include a signed letter with a complete list of permits you wish to include in this payment. Payment will be processed upon approval.

Permit Type	Application Type	Fee	Amount	Total Fees
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, including my driving history, my driver's licence status, and my history of driver examinations. I understand that MPI may contact my current or former employers to verify my driving experience.

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 driving instructors 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 Driving Instructor Permit and acknowledge that specific conditions may be imposed upon any permit issued as a result of this application.

- Driving Instructors must abide by the *Driver Training Professional Code of Conduct*.
- Driving Instructors 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.
- Driving Instructors must ensure that information supplied to the Permit Unit is current, complete and correct. Changes to mailing addresses, email addresses, or other contact information must be reported directly to the Permit Unit, by email, within 15 days of the change.
- Driving Instructors 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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APPLICANT NAME

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APPLICANT SIGNATURE

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DATE