

Customer Authorization for Vehicle Registration and Insurance Transactions

Customer Number:		Driver's Licer	nce Number:					
	hereby authorize							
(Print your Name)	(Print your Name) (Print <u>Name</u> and Contact <u>Telephone Number</u>)							
To complete the following trans	action(s) on my/our be	ehalf on the followin	g vehicle(s):					
	(Licence Plate Number	r, Year, Make & Model of	Vehicle, VIN)					
Vehicle Transaction: (Select all tha	at apply)							
☐ Renewal/Reactivat☐ New Application☐ Short Term Effect	ion/Reapplication	☐ Mid-Te ☐ Cancel Expiry						
Policy Coverage:	Deductible:	Third Party	Liability:	Loss of Use: (For policies in effect July 1, 2022 or later)				
☐ All Purpose ☐ Pleasure ☐ Other (specify) ☐ Commuter	☐ \$750 ☐ ☐ \$500 ☐ ☐ \$300 ☐ ☐ \$200 Standard ☐ \$200 Plus	\$500,000 Basic \$1,000,000 \$2,000,000	\$5,000,000 \$7,000,000 \$10,000,000					
Excess Value over \$70,000:		New Ve	ehicle Protection:					
Declared Value (if applicable):		Leased Vehicle Protection:						
Off-Road Vehicle Options: Third Party Liability \$500,000 (Basic) \$1,000,000 \$2,000,000 Accident Benefits	☐ Collis	rcle Options: sion Coverage \$750 Deductible \$500 Deductible \$300 Deductible \$200 Deductible	☐ I requ	r Options : uire No Changes. se amend to Lay-Up Coverage				
☐ Collision Coverage ☐ \$500 Deductible ☐ \$200 Deductible ☐ Comprehensive Coverage ☐ \$200 Deductible ☐ \$500 Deductible	ductible \$500 Deductible ductible \$200 Deductible e Coverage Loss of Use (For policies in effect July 1, 2022 or later) ductible Passenger Vehicle							
Lay-Up Insurance:								
Effective Date:	Effective Date: Manitoba address where vehicle is stored:							
Cancellation:								
Effective Date:		Lay-Up I	nsurance Declined (i	nitials)				
Plates Surrendered: Yes	□No							
X	X		x					
Registered Owner's Signature		horized Person's Signatu		ate				

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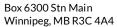
Customer Unavailable - Declaration of Residency

A)	I,								
	(Print Name) (Print Street Address or Section Number)								
	, in the Province of Manitoba do hereby declare that								
	(Print City or Town) I am a resident of the Province of Manitoba that my permanent address is indicated above, and that I am legally entitled to be in Canada.								
	Му	Manitoba Public Insurance Customer Number is: and/or							
	Mv	driver's licence number is:							
	IVIY ((Please Print)							
D)									
B)		I am temporarily absent from Manitoba because I am:							
		attending a course of study full time at an educational institution (university, college, technical or high school, or							
		other institution of learning recognized by the registrar) outside Manitoba.							
		taking a sabbatical leave, advanced or supplementary training or instruction while on educational leave from							
		employment.							
	Ш	serving as a missionary or aid worker on behalf of a religious or nonprofit organization approved as a registered							
		charity under the Income Tax Act (Canada).							
	 employed with the Government of Manitoba, the Government of Canada, or an agency of either. temporarily absent from Manitoba for the purpose of assuming a temporary employment or fulfilling a contract. 								
	You must check with the jurisdiction you are temporarily in and comply with their rules.								
	away for the winter (Snowbird), on vacation, for some other reason (please specify)								
		and intend to return immediately after completion of the above							
	indicated reason and providing reasonable travelling time on:								
		I am in Manitoba but unable to attend in person because:							
		(Provide reason, for example, hospitalized)							
		(Flovide Feason, for example, hospitalized)							
I auth									
		enew/purchase vehicle registration and insurance policy(s) on by behalf if this form is accompanied with detailed							
autho	orizat	ion.							
I MAI	KE TH	HIS APPLICATION TO THE REGISTRAR OF MOTOR VEHICLES IN SUPPORT OF MY APPLICATION OF THE							
RENEWAL OF MY MANITOBA DRIVER'S LICENCE, AND/OR VEHICLE REGISTRATION AND INSURANCE POLICY(S).									
		(Date) (Signature)							

CAUTION:

IT IS THE RESPONSIBILITY OF CUSTOMERS TO ENSURE COMPLIANCE WITH THE HIGHWAY SAFETY, DRIVER LICENSING, AND VEHICLE REGISTRATION LAWS OF THE JURISDICTION(S) IN WHICH THEYOPERATE A VEHICLE. PLEASE CONTACT THE LOCAL LICENSING/REGISTRATION AUTHORITIES TO ENSURE THAT YOU ARE ALLOWED TO MAINTAIN AND USE YOUR MANITOBA DRIVER'S LICENCE AND/OR VEHICLE REGISTRATION AND INSURANCE WHILE YOU ARE THERE.

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"OOL" ::12345"OO4: 1234"123456?"

Institution

Bank

Transit Number

DO NOT SCAN THIS PAGE

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

Payment Options ☐ Full Payment ☐ Four-Payment	Payment Method ☐ Bank Draft ☐ Bank Draft	d □ Cheque □ Cheque	□ Credit Card □ Credit Card	□ Money Order □ Money Order
Credit Card Autho	orization			
Credit Card:	■ MasterCard	□VISA		
Name on Card (please	e print):			
Card Number:				
Expiry Date:				
Pre-Authorized Par ☐ 12 Pre-Authorized Bank Account Inform this form.)	payments from a bar	k account	ank account details av	vailable from your financial institution with
Transit No. (5 digits)	Institution No. 3 digits)	Account No. (7 to 12 digits)		
Mr. John Doe 123 Address St. Winnipeg, , MB R2R 0Z	0	DATE	000	
PAYTO THE ORDER OF				
		100	DOLLARS	

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Bank Account

Number