



## LETTER OF AUTHORIZATION FOR A DRIVER EXPERIENCE LETTER

I, \_\_\_\_\_, authorize Manitoba Public Insurance to process my Manitoba  
(Print Name)

**Driver Experience Letter.**

My full name is: \_\_\_\_\_ . Previous Name: \_\_\_\_\_ .  
(First/Middle/Last) (If Changed)

My date of birth is: \_\_\_\_\_ .  
(MMM/DD/YYYY)

My Manitoba driver's licence number is: \_\_\_\_\_ .  
(If Available)

Approximate year I last held a valid Manitoba driver's licence: \_\_\_\_\_ .

Telephone Number: ( ) \_\_\_\_\_ .

I authorize Manitoba Public Insurance to **MAIL** my Driver Experience Letter to the following address or **FAX** my Driver Experience Letter to the following:

Mailing Address: \_\_\_\_\_ OR Fax Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Driver**

\_\_\_\_\_  
**Date Signed**

Please charge the **\$10.00 fee** (per letter) to my VISA / MASTERCARD indicated below. (Circle one)

My credit card number is: \_\_\_\_\_

My credit card expiry is: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**OR**

I will be mailing in a cheque or money order (made payable to Manitoba Public Insurance)

**Fax Completed Request To:**  
Manitoba Public Insurance  
Driver Licence Processing  
Fax: 204-953-4999

**For Information Phone:**  
Manitoba Public Insurance  
Phone: 204-985-7000

**Mail Request To:**  
Manitoba Public Insurance  
Driver Licence Processing  
510 - 234 Donald Street  
Box 6300  
Winnipeg, MB R3C 4A4

Agent  
Stamp