

Declaration of Guarantor for Proof of Identity

Please print in black or blue ink and print this form single-sided.

Applicant's Information (must be completed in the presence of the guarantor)

Legal Surname: _____ Legal Given Name(s): _____

Physical Address (no PO Box #s): _____ Apt. #: _____

City, Town or Village: _____ Postal Code: _____

Date of Birth: (mm/dd/yyyy) _____ / _____ / _____

I certify that I am the individual named above, and that my date of birth and residential address are as stated above, and the signature below is my signature.

I consent to Manitoba Public Insurance collecting the information about me set out under the Applicant's Information section from my guarantor and such other personal information about me from my guarantor or other third parties as necessary to verify my eligibility for the driver's licence or identification card.

Applicant's Signature _____ *If Applicant under 18 years of age*
Legal Guardian(s) Signature: _____

Choosing an Eligible Guarantor

Your guarantor ***must***:

1. Be a Canadian citizen residing in Canada
2. Have known you for at least two years
3. Meet the occupation or offices criteria exactly as described
4. Fully complete the Declaration of Guarantor section on the reverse side of this document

WARNING to all applicants and guarantors – Any false statement, misrepresentation or concealment of any material fact on this form, or on any other document presented in support of this application, may be grounds for criminal prosecution.

The personal information contained in this form is collected under the authority of section 12 or 150.5 of *The Drivers and Vehicles Act* and under the authority of section 36(b) (information relates directly and is necessary for a program operated by Manitoba Public Insurance) of *The Freedom of Information and Protection of Privacy Act*. The personal information is used to administer the driver's licence or identification card records.

If you have any questions about the collection of your personal information, please contact the Manitoba Public Insurance Contact Centre at (204) 985-7000.

Declaration of Guarantor (must be fully completed)

Surname: _____ Given Name: _____

Name of Firm/Organization: _____ Official Title: _____

Business Telephone: _____ Home Telephone: _____

Business Address: _____

Knowledge of Applicant (# of Years): _____

IMPORTANT You must have at least **TWO** years knowledge of the applicant to be an eligible guarantor.

Place a check mark beside the applicable occupation or office and provide the additional information if requested

- | | |
|---|--|
| <p><input type="checkbox"/> 1. Dentist*</p> <p><input type="checkbox"/> 2. Medical Doctor*</p> <p><input type="checkbox"/> 3. Chiropractor*</p> <p><input type="checkbox"/> 4. Judge</p> <p><input type="checkbox"/> 5. Justice of the Peace</p> <p><input type="checkbox"/> 6. Royal Canadian Mounted Police Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 7. Provincial / Municipal Police Force Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 8. Military Police Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 9. Military Commanding Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 10. Lawyer*</p> <p><input type="checkbox"/> 11. Mayor, reeve or other chief elected
official of municipality: City/
Municipality _____</p> <p><input type="checkbox"/> 12. Minister of religion authorized under the
laws of Manitoba to perform marriages
or authorized to do so under the laws of
another province or territory in Canada:
Name of Religious Organization _____</p> <p><input type="checkbox"/> 13. Notary Public</p> <p><input type="checkbox"/> 14. Optometrist</p> <p><input type="checkbox"/> 15. Pharmacist*: Licence # _____</p> <p><input type="checkbox"/> 16. Postmaster - as designated by the Canada
Post Corporation Act</p> <p><input type="checkbox"/> 17. Principal of a primary or secondary school:
School Division _____
School Name _____</p> | <p><input type="checkbox"/> 18. Teacher of a primary or secondary school:
School Division _____
School Name _____</p> <p><input type="checkbox"/> 19. Professional Accountant – CA</p> <p><input type="checkbox"/> 20. Professional Accountant – CMA</p> <p><input type="checkbox"/> 21. Professional Accountant – CGA</p> <p><input type="checkbox"/> 22. Professional Engineer (P.Eng.)</p> <p><input type="checkbox"/> 23. Senior administrator of a university
or community college:
University or college name _____</p> <p><input type="checkbox"/> 24. Teacher at a university or community college:
University or college name _____</p> <p><input type="checkbox"/> 25. Veterinarian*</p> <p><input type="checkbox"/> 26. Chief of a band, as defined in the <i>Indian Act</i>
(Canada): Name of First Nation, Tribal
Council or Community _____</p> <p><input type="checkbox"/> 27. Membership clerk of a band, as defined in
the <i>Indian Act</i> (Canada): Name of First
Nation, Tribal Council or Community _____</p> <p><input type="checkbox"/> 28. Member of Parliament</p> <p><input type="checkbox"/> 29. Member of the Legislative Assembly or
Provincial Parliament of another province or
territory of Canada</p> <p><input type="checkbox"/> 30. Federal penitentiary warden:
Name of Institution _____</p> <p><input type="checkbox"/> 31. Social Worker*</p> <p><input type="checkbox"/> 32. Nurse practitioner*</p> <p><input type="checkbox"/> 33. Parole Officer
Employer Name _____</p> <p><input type="checkbox"/> 34. Probation Officer</p> <p><input type="checkbox"/> 35. Corrections Officer – Name of Institution
_____</p> |
|---|--|

*(Must be registered or licensed in Canada)

I declare that I am actively employed or engaged in Canada in the occupation or office indicated above, and that I am a Canadian citizen. To the best of my knowledge and belief, all of the statements made in this application are true, and the signature shown is a true representation of the applicant's signature.

I have known the applicant for at least **TWO** years.

I authorize Manitoba Public Insurance to take such steps as it considers necessary to verify my authority to act as a qualified guarantor, and to collect my personal information for that purpose. I authorize my employer, my professional association, or my governing body (as the case may be) to disclose such personal information to Manitoba Public Insurance as is necessary to confirm my qualification to act as a guarantor.

Guarantor's Signature: _____

Date: _____

Signed at (City/Province): _____