

DRIVER'S LICENSE AUTHORIZATION

I, _____, authorize _____
Licensed MB Driver

To: **Renew** **Cancel** **Replace**

My MB Driver License _____ _____
License Number Customer Number

Please note that any address, name or birthdate changes must be done in person as the system will prompt to have a photo taken.

Driver License Questionnaire (to be completed by Licensed MB Driver)

- | | | Yes | No |
|---|--|------------|-----------|
| 1 | Are you now prohibited by court from driving, or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled? | () | () |
| 2 | When driving, do you require corrective lenses (glasses or contacts)? | () | () |
| 3 | Have you ever had any of the following conditions, which have NOT PREVIOUSLY BEEN REPORTED to Driver and Vehicle Licensing Medical Records: | | |
| | a) Seizures or blackouts? | () | () |
| | b) Lung or heart trouble, eye diseases, stroke, diabetes treated with injectable insulin, mental disorder, dementia or permanent limitation of motion? | () | () |
| | c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? | () | () |

If 'Yes' to a), b) or c) the date and details of the condition(s) must be provided:

- | | | | |
|---|--|-----|-----|
| 4 | Do you hold a valid driver's license from another province, state or country? If 'Yes' state where. Provide D/L Number, Effective and Expiry Dates, D/L Class. | () | () |
|---|--|-----|-----|

Payment Options: () Full () Monthly

() For security purposes, please mail my License Renewal to my home address.

() I authorize the above noted individual to accept my License Renewal/Replacement on my behalf.

Signature of Licensed MB Driver

Date