



# Customer Authorization for Vehicle Registration and Insurance Transactions

Customer Number: \_\_\_\_\_ Driver's Licence Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Print your Name) (Print Name and Contact Telephone Number)

To complete the following transaction(s) on my/our behalf on the following vehicle(s):

\_\_\_\_\_  
(Licence Plate Number, Year, Make & Model of Vehicle, VIN)

**Vehicle Transaction:** (select all that apply)

- Renewal/Reactivation/Reapplication
- New Application
- Short Term Effective Date \_\_\_\_\_
- Mid-Term Change
- Cancellation
- Expiry Date \_\_\_\_\_

**Policy Coverage:**

**Deductible:**

**Third Party Liability:**

**Extension Loss of Use:**

- All Purpose
- Pleasure
- Other Specify: \_\_\_\_\_
- Commuter
- \$500 (basic)
- \$300
- \$200
- \$100
- \$200,000 (basic)
- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$7,000,000
- \$10,000,000
- Level 1
- Level 2
- Declined

**Excess Value** over \$50,000: \_\_\_\_\_

**New Vehicle Protection** \_\_\_\_\_

**Declared Value** (if applicable): \_\_\_\_\_

**Leased Vehicle Protection** \_\_\_\_\_

**Off-Road Vehicle options:**

**Motorcycle Options:**

**Other Options:**

- Third Party Liability
  - \$500,000 (basic)
  - \$1,000,000
  - \$2,000,000
- Accident Benefits
- Collision Coverage
  - \$500 Deductible
  - \$200 Deductible
- Comprehensive Coverage
  - \$500 Deductible
  - \$200 Deductible
- Collision Coverage
  - \$500 Deductible
  - \$300 Deductible
  - \$200 Deductible
  - \$100 Deductible
- Comprehensive Coverage
  - \$500 Deductible
  - \$200 Deductible
- Extension Loss Of Use
  - Level 1
  - Level 2
  - Level 3
  - Declined
- I require No Changes
- Please amend to Lay-Up Insurance.

**Lay-up Insurance:**

Effective Date: \_\_\_\_\_

Manitoba address where vehicle is stored:

**Cancellation:**

Effective Date: \_\_\_\_\_

Plates Surrendered:  YES  NO

Lay-Up Insurance Declined (Initials): \_\_\_\_\_

X \_\_\_\_\_  
Registered Owner's Signature

X \_\_\_\_\_  
Authorized Person's Signature

\_\_\_\_\_  
Date



### Customer Unavailable – Declaration of Residency

**A)** I, \_\_\_\_\_, of \_\_\_\_\_, in \_\_\_\_\_, in the Province of Manitoba do hereby declare that  
 (Print Name) (Print Street Address or section number) (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.

My Manitoba Public Insurance Customer Number is: \_\_\_\_\_ and/or  
 My driver's licence number is: \_\_\_\_\_.  
 (Please Print)

**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.
- 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 e.g., hospitalized)

I authorize \_\_\_\_\_ to renew/purchase my driver's licence. I also authorize this person to renew/purchase vehicle registration and insurance policy(s) on my behalf if this form is accompanied with detailed authorization.

I MAKE THIS 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 THEY OPERATE 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.



**DO NOT SCAN THIS PAGE**

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

**Payment Options**

**Payment Method**

- |                                    |                                  |                              |                                   |                                   |
|------------------------------------|----------------------------------|------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Full Payment | <input type="radio"/> Bank Draft | <input type="radio"/> Cheque | <input type="radio"/> Credit Card | <input type="radio"/> Money Order |
| <input type="radio"/> Four-Payment | <input type="radio"/> Bank Draft | <input type="radio"/> Cheque | <input type="radio"/> Credit Card | <input type="radio"/> Money Order |

**Credit Card Authorization**

Credit Card:  MasterCard  VISA

Name on Card (please print): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Pre-Authorized Payment Financing Agreement**

12 Pre-Authorized payments from your bank account

**Bank Account Information: (You may include a void cheque or bank account details available from your financial institution with this form.)**

Transit No.  
(5 digits)

Institution No.  
(3 digits)

Account No.  
(7 to 12 digits)

Mr. John Doe  
123 Address St.  
Winnipeg, MB R2R 0Z0

000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

100 DOLLARS

MEMO \_\_\_\_\_

⑈004⑈ ⑆ 1 2345 ⑈004⑈ ⑆ 1 234 ⑈ 1 234567⑈

Bank Transit Number    Institution Number    Bank Account Number