

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)

- | | |
|---|--|
| <input type="checkbox"/> Renewal/Reactivation/Reapplication | <input type="checkbox"/> Mid-Term Change |
| <input type="checkbox"/> New Application | <input type="checkbox"/> Cancellation |
| <input type="checkbox"/> Short Term Effective Date _____ | Expiry Date _____ |

Policy Coverage:

- All Purpose
 Pleasure
 Other (specify) _____
 Commuter

Deductible:

- \$750
 \$500
 \$300
 \$200 Standard
 \$200 Plus

Third Party Liability:

- \$500,000 Basic
 \$1,000,000
 \$2,000,000

- \$5,000,000
 \$7,000,000
 \$10,000,000

Loss of Use: (For policies in effect July 1, 2022 or later)

- Passenger Vehicle
 Motorcycle
 Declined

Excess Value over \$70,000: _____ **New Vehicle 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
 Collision Coverage
 \$500 Deductible
 \$200 Deductible
 Comprehensive Coverage
 \$200 Deductible
 \$500 Deductible

Motorcycle Options:

- Collision Coverage
 \$750 Deductible
 \$500 Deductible
 \$300 Deductible
 \$200 Deductible
 Comprehensive Coverage
 \$500 Deductible
 \$200 Deductible
 Loss of Use (For policies in effect July 1, 2022 or later)
 Passenger Vehicle
 Motorcycle
 Declined

Other Options:

- I require No Changes.
 Please amend to Lay-Up Coverage

Lay-Up Insurance:

Effective Date: _____

Manitoba address where vehicle is stored:

Cancellation:

Effective Date: _____

Lay-Up Insurance Declined (initials) _____

Plates Surrendered: Yes No

X _____
Registered Owner's Signature

X _____
Authorized Person's Signature

X _____
Date

Customer Unavailable – Declaration of Residency

A) I, _____, of _____, in _____, in the Province of Manitoba do hereby declare that 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.

(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, for example, 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 by 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.

