

Date: _____

DRIVER'S LICENCE AUTHORIZATION

Customer Number / Drivers Licence Number: _____

I, _____, hereby authorize _____ to complete the following Driver's Licence transaction:

Driver's Licence Questionnaire

Please answer 'Yes' or 'No' to the following questions:

**** It is a punishable offence to knowingly make a false answer to any question**

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 Manitoba Public Insurance:

_____ a) Seizures or blackouts?

_____ b) Lung or heart trouble, eye diseases, stroke, diabetes treated with oral medication or 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 licence from another province, state or country? If 'Yes' state where below. Provide Driver's Licence Number, Effective and Expiry Dates, Driver's Licence Class. _____

**** If 'Yes':**

Driver's Licence Number: _____

Effective Date/Expiry Date: _____

Class: _____

**** I understand that signing this authorization form allows Lowey Insurance to access my Manitoba Public Insurance Customer information without my presence.**

X _____

SIGNATURE