

# 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

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

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

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 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="checkbox"/> Full Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Four-Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> 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 a bank account

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

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transit No. (5 digits)	Institution No. 3 digits	Account No. (7 to 12 digits)

