

P.V. Esau Insurance Brokers Inc.
Phone: 204-434-6547 Fax: 204-434-9333
Driver License Authorization Form

Caution: It is a punishable offence to knowingly make a false answer to any question.

I, _____
(Licensed MB Driver)

Driver License/Customer# _____

authorize _____

To: **Renew** **Cancel** **Replace** my driver's license.

Please note that any address, name or birth-date changes must be done in person as the system will prompt you to have your photo taken.

If your driver's licence is photo required, you will be required to attend our office in person.

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

1. Are you now prohibited by court from driving or is your driver's license or right to obtain a driver's license currently suspended or cancelled? Yes No

2. When driving do you require corrective lenses (glasses or contacts)? Yes No

3. Have you ever had any of the following conditions which have not previously been reported to Manitoba Public Insurance:

a) Seizures or blackouts? Yes No

b) Lung or heart trouble, eye diseases, stroke, diabetes treated with oral medication or injectable insulin, mental disorder, dementia or permanent limitation of motion? Yes No

c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? Yes No

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? Yes No

If 'Yes' state where. Provide D/L Number, Effective and Expiry Dates, D/L Class.

Payment Options: Cheque MasterCard Visa 12 Pre-authorized

Card # _____ Expiry _____

~Please make cheques payable to: **Esau Insurance**

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.

Signed: _____ Date: _____