



Driver Experience Letter Request Form

I, _____, authorize Manitoba Public Insurance to process my Manitoba
(Print Name)

Driver Experience Letter which will include the past 10 years of my driving history.

My full name is: _____ . Previous Name: _____ .
(First/Middle/Last) (If Changed)

My date of birth is: _____ .
(MMM/DD/YYYY)

My Manitoba driver's licence number is: _____ .
(If Available)

Approximate year I last held a valid Manitoba driver's licence: _____ .

Telephone Number: () _____ .

I authorize Manitoba Public Insurance to *MAIL* my Driver Experience Letter to the following address or *FAX* my Driver Experience Letter to the following:

Mailing Address: _____ OR Fax Number: _____

Signature of Driver

Date Signed

Please charge the **\$10.00 fee** (per letter) to my VISA / MASTERCARD indicated below. (Circle one)

My credit card number is: _____

My credit card expiry is: _____

Signature of Card Holder: _____

OR

I will be mailing in a cheque or money order (made payable to Manitoba Public Insurance)

Please note this fee is non-refundable.

<p>Mail/Fax Request To: Manitoba Public Insurance Driver Licence Processing Box 6300 Winnipeg, MB R3C 4A4 Fax: 204-953-4999</p>	<p>OFFICE USE ONLY: Fee Paid <input type="checkbox"/> \$10</p>
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FOR MORE INFORMATION CALL: 204-985-8770 ext.1646 or TOLL FREE: 1-800-665-2410

****PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING****