



## 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.

<b>Mail/Fax Request To:</b> Manitoba Public Insurance Driver Licence Processing Box 6300 Winnipeg, MB R3C 4A4 Fax: 204-953-4999	<b>OFFICE USE ONLY:</b> Fee Paid <input type="checkbox"/> \$10
------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

**FOR MORE INFORMATION CALL: 204-985-8770 ext.1646 or TOLL FREE: 1-800-665-2410**

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