

**GEMSTAR INSURANCE
DRIVER'S LICENSE AUTHORIZATION FORM**

I, _____ authorize _____
Licensed MB Driver

To: **Renew** **Cancel** **Replace**

My MB Driver License Number _____

My Customer Number _____

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

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

1. Are you now prohibited 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 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: () Full () Monthly

() 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: _____