Box 6300



Winnipeg, MB R3C 4A4 Phone: (204) 985-7000

Toll-free: 1 800-665-2410

Hearing Impaired Line: (204) 985-8832

***Declaration of Guarantor for Proof of Identity***

**Please print in black or blue ink and print this form single-sided.**

Driver’s Licence Identification Card

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| **Applicant’s Information (must be completed in the presence of the guarantor)** | |
| Legal Surname: Row | Legal Given  Name(s): Danny |
| Physical Address (no PO Box #s): 72 Donald Street | Apt. #: |
| City, Town or Village: winnipeg | Postal Code: R3C1L7 |
| Date of Birth: (mm/dd/yyyy) 1960/02/02  Manitoba Drivers Licence Number CH-AK-RP-K151P4 | |
| I certify that I am the individual named above, and that my date of birth and residential address are as stated above, and the signature below is my signature.  I consent to Manitoba Public Insurance collecting the information about me set out under the Applicant’s Information section from my guarantor and such other personal information about me from my guarantor or other third parties as necessary to verify my eligibility for the driver’s licence or identification card. | |
| *If Applicant under 18 years of age*  Applicant’s Signature Legal Guardian(s) Signature: | |
| **Choosing an Eligible Guarantor** | |
| Your guarantor ***must***:   1. Be a Canadian citizen residing in Canada 2. Have known you for at least two years 3. Meet the occupation or offices criteria exactly as described 4. Fully complete the Declaration of Guarantor section on the reverse side of this document   **WARNING to all applicants and guarantors** – Any false statement, misrepresentation or concealment of any material fact on this form, or on any other document presented in support of this application, may be grounds for criminal prosecution.  The personal information contained in this form is collected under the authority of section 12 or 150.5 of  *The Drivers and Vehicles Act* and under the authority of section 36(b) (information relates directly and is necessary for a program operated by Manitoba Public Insurance) of *The Freedom of Information and Protection of Privacy Act*. The personal information is used to administer the driver’s licence or identification card records.  If you have any questions about the collection of your personal information, please contact the Manitoba Public Insurance Contact Centre at (204) 985-7000. | |
| **Declaration of Guarantor (must be fully completed)** | |
| Surname: Given Name: Name of Firm/Organization: Official Title: Business Telephone: Home Telephone: Business Address: Knowledge of Applicant (# of Years):  \***IMPORTANT\*** You must have at least **TWO** years knowledge of the applicant to be an eligible guarantor. | |

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| Place a check mark beside the applicable occupation or office and provide the additional information if requested | |
| 1. Dentist\* 2. Medical Doctor\* 3. Chiropractor\* 4. Judge 5. Justice of the Peace 6. Royal Canadian Mounted Police Officer: Unit Name Detachment Badge # 7. Provincial / Municipal Police Force Officer: Unit Name Detachment Badge # 8. Military Police Officer:   Unit Name Detachment Badge #   1. Military Commanding Officer:   Unit Name Detachment Badge #   1. Lawyer\* 2. Mayor, reeve or other chief elected official of municipality: City/   Municipality   1. Minister of religion authorized under the laws of Manitoba to perform marriages or authorized to do so under the laws of another province or territory in Canada:   Name of Religious Organization   1. Notary Public 2. Optometrist 3. Pharmacist\*: Licence # 4. Postmaster - as designated by the Canada Post Corporation Act 5. Principal of a primary or secondary school: School Division School Name   \*(Must be registered or licensed in Canada) | 1. Teacher of a primary or secondary school: School Division School Name 2. Professional Accountant – CPA 3. Professional Engineer 4. Senior administrator of a university or community college:   University or college name   1. Teacher at a university or community college: University or college name 2. Veterinarian\* 3. Chief of a band, as defined in the *Indian Act* (Canada): Name of First Nation, Tribal Council or Community 4. Membership clerk of a band, as defined in the *Indian Act* (Canada): Name of First Nation, Tribal Council or Community 5. Member of Parliament 6. Member of the Legislative Assembly or Provincial Parliament of another province or territory of Canada 7. Federal penitentiary warden:   Name of Institution   1. Social Worker\* 2. Nurse practitioner\* 3. Parole Officer   Employer Name   1. Probation Officer 2. Corrections Officer – Name of Institution |
| I declare that I am actively employed or engaged in Canada in the occupation or office indicated above, and that I am a Canadian citizen. To the best of my knowledge and belief, all of the statements made in this application are true, and the signature shown is a true representation of the applicant’s signature.  I have known the applicant for at least **TWO** years.  I authorize Manitoba Public Insurance to take such steps as it considers necessary to verify my authority to act as a qualified guarantor, and to collect my personal information for that purpose. I authorize my employer, my professional association, or my governing body (as the case may be) to disclose such personal information to Manitoba Public Insurance as is necessary to confirm my qualification to act as a guarantor.  Guarantor’s Signature:  Date: Signed at (City/Province): | |