

**DRIVER'S LICENSE AUTHORIZATION FORM**

Date: \_\_\_\_\_

MPI Customer # \_\_\_\_\_

Driver's License # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
to renew my driver's license on my behalf.

\_\_\_\_\_  
Authorized Individual

\_\_\_\_\_  
Licenseholder's Signature

\_\_\_\_\_  
Co-Signature (if under 18)

**MEDICAL QUESTIONNAIRE (must be completed by applicant)**

1. Are you now prohibited by court from driving or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled?  
**YES OR NO**
2. When driving do you require corrective lenses (glasses or contacts?)  
**YES OR NO**
3. Have you ever had any of the following conditions which have NOT PREVIOUSLY BEEN REPORTED to Driver & Vehicle Licensing Medical Records:
  - a) Seizures or blackouts? **YES OR NO**
  - b) Lung or heart trouble, eye diseases, stroke, diabetes treated with injectable insulin, mental disorder, dementia or permanent limitation of motion? **YES OR NO**
  - c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? **YES OR NO**If yes to a, b or c above, please provide details.
4. Do you hold a valid driver's license from another province, state or country? **YES OR NO**  
If yes, provide driver's license number, class, effective and expiry dates.

Details \_\_\_\_\_

\_\_\_\_\_

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