



Declaration of Guarantor for Proof of Identity

(Please print in black or blue ink)

The personal information of the applicant collected on this form is for the purpose of determining the applicant's eligibility for the licence or identification card. It is collected under the authority of section 12 (driver's licence) 150.5 (identification card) 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 MPI) of *The Freedom of Information and Protection of Privacy Act*.

Applicant's Information (must be completed in the presence of the guarantor)		
Legal Surname: _____	Legal Given Name(s): _____	
Street No. and Name: _____	Apt. #: _____	
City, Town or Village: _____	Postal Code: _____	
Date of Birth (mm/dd/yyyy) ____/____/____		
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 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 licence or identification card.		
Applicant's Signature _____	If Applicant under 18 years of age Legal Guardian(s) Signature: _____	
Declaration of Guarantor (must be completed)		
The personal information of the guarantor is collected to assist in verifying the applicant's eligibility. It is collected under the authority of section 36(b) (information relates directly and is necessary for a program operated by MPI) of <i>The Freedom of Information and Protection of Privacy Act</i> .		
Surname: _____	Given Name: _____	
Choose from list below Occupation: _____	Name of Firm/ Organization: _____	
Business Telephone: _____	Home Telephone: _____	
Business Address: _____		
Knowledge of Applicant (Number of Years): _____		
I solemnly declare that I am a Canadian citizen, that the applicant filled out this form in my presence, that all the statements made by the applicant and by me on this form are true and that the above signature is a true representation of the applicant's signature. I have known the applicant personally for at least TWO years. I am qualified to witness this application as I am actively employed or licenced in one of the listed occupations or offices.		
Guarantor's Signature: _____		
Date: _____	Signed at (City/Province): _____	
Choosing an eligible Guarantor		
Your guarantor must: 1. Be a Canadian citizen residing in Canada 2. Have known you personally for at least two years 3. Be actively employed or engaged in Canada in one of the following qualifying occupations or offices: i. Dentist, medical doctor or chiropractor ii. Judge, justice of the peace or a police officer serving in the Royal Canadian Mounted Police or a provincial or municipal police force iii. Lawyer	iv. Mayor, reeve or other chief elected official of a municipality v. 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 vi. Notary public vii. Optometrist viii. Pharmacist ix. Postmaster x. Principal of or teacher at a primary or secondary school xi. Professional accountant	xii. Professional engineer xiii. Senior administrator of or teacher at a university or community college xiv. Veterinarian xv. Chief of a band, as defined in the <i>Indian Act</i> (Canada), or a membership clerk of such a band, xvi. Member of Parliament xvii. Member of the Legislative Assembly or of the legislative assembly or provincial parliament of another province or territory of Canada xviii. Federal penitentiary warden

If you have any questions about the collection of your personal information, or your privacy, please contact Manitoba Public Insurance's Access and Privacy Co-ordinator at (204) 985-7383 or at 912-234 Donald Street, Box 6300, Winnipeg MB R3C 4A4.

WARNING to all applicants and guarantors – Any false statement, misrepresentation or concealment of any material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.