



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.

Mail/Fax Request To:

Manitoba Public Insurance
Driver Licence Processing
Box 6300
Winnipeg, MB R3C 4A4
Fax: 204-953-4999

**OFFICE USE
ONLY:**

Fee Paid ☐

\$10

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

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