

PDR Technicians

Please list all PDR technicians.

Employee Name	Other Role (e.g., Manager)	Minimum 2 Years of PDR Experience
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Cross Contamination Standard Operating Procedure (SOP)

Please describe your SOP to reduce cross-contamination between aluminum and steel body panels.

If needed, please submit additional documents with this application.

Insurance

PDR facilities are required to have the following insurance:

- Comprehensive General Liability Policy with minimum \$2 million CAD liability
- Garage or Dealers Liability Policy with third party liability coverage, as well as damage to customer vehicles which are in your care, custody, or control (which includes collision or upset, and specified perils coverage) with minimum \$2 million CAD liability

Please submit proof of the above insurance with this application.

Light Vehicle Accredited Repair Shop Affiliation

To minimize the impact to customers, avoid inefficient repair process, and ensure proper repairs, PDR facilities are required to have an affiliation with at least one light vehicle accredited repair shop.

Please list all light vehicle accredited repair shop affiliations below.

Shop Name

By signing this application, you agree that the information given, including names and any other information provided, is true, correct, and complete. You also agree to follow the policies and procedures found on the MPI Partners website, and to allow Manitoba Public Insurance to publish your business's name and contact information on mpi.mb.ca.

Name (please print)

Signature

Date