

Applicants are required to meet the qualifications stated in the Light Vehicle Accreditation Agreement prior to applying. For franchises, each location is required to qualify separately. All applicants will be notified of their status in writing by Manitoba Public Insurance.

This application must be completed in full. Incomplete applications may be returned.

Legal Name of Business:		Registered Account Number:
Operating Name:		
Facility Address:		
Telephone Number:		Fax Number:
Email Address:		Website:

**Technician Training and Certification:** Please list all employees and their required information below.

EMPLOYEE NAME	SST	NST	EST	AST	OTHER ROLE (i.e., Manager)	RED SEAL # (if applicable)	I-CAR #
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