



OFFICE USE ONLY
Customer number:

Application for Dealer's Permit

Check one: **New application** **Renewal**

Application is hereby made for a dealer's permit in the name of:

Name under which business will be carried on	Business Type
Business Address	
Mailing Address (if different than Business Address)	
Email Address	Phone Number

Please state below FULL NAME, RESIDENCE ADDRESS, TELEPHONE NUMBER and BIRTH DATE of:

- a) the individual dealer applicant; or
- b) in the case of a partnership, of each partner; or
- c) in the case of a corporation, of each director.

FULL NAME	ADDRESS	TELEPHONE NUMBER	BIRTH DATE

CAUTION: It is a punishable offence to knowingly make a false answer to a question.

- | | NO | YES | |
|---|--------------------------|--------------------------|---------------------------|
| 1. Did you hold a Dealer's Permit last year? | <input type="checkbox"/> | <input type="checkbox"/> | Dealer's Permit Number: |
| 2. Have you ever had a dealer permit or salesperson permit suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> | State Particulars: |
| 3. Do you carry on business from more than one location? | <input type="checkbox"/> | <input type="checkbox"/> | Address of Each Location: |
| 4. Have you ever been convicted under the Criminal Code (Canada) of a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> | State Particulars: |
| 5. Are there any criminal proceedings now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Is there an unpaid judgement recorded against you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Have you ever been convicted of an offense or assessed an administrative penalty under The Business Practices Act, The Consumer Protection Act, or any other consumer protection regulation? | <input type="checkbox"/> | <input type="checkbox"/> | State Particulars: |

Date of application _____

Signature of applicant _____

The fee for a Dealer's Permit is \$600.00 and is valid for five years. Please provide a cheque with your application.

If Submit Form does not open a new email, save this form to your computer and email it to **VSI-DealerInfo@mpi.mb.ca**.

If applying by mail, send to:
Vehicle Safety
J.W. Zacharias Physical Damage
Research Centre
1987 Plessis Road
Box 45064
Winnipeg, MB R3C 5C7

If applying by fax, send to
204-954-5319.