MANITOBA PUBLIC INSURANCE | SOCIÉTÉ D'ASSURANCE PUBLIQUE DU MANITOBA

VEHICLE SAFETY EMAIL CONSENT FORM

OFFICE USE ONLY

Customer Number:

Permit Name

Permit Number

Business Address (Operating Location)

Mailing Address

Email Address

Phone Number

☐ *I, , consent to receive notices from the Registrar under The Drivers and Vehicles Act, C.C.S.M. c. D104 and The Highway Traffic Act, C.C.S.M. c. H60 and their regulations via the e-mail address provided above and understand that I may revoke such consent in writing via e-mail to* vsi-dealerinfo@mpi.mb.ca *to which such notices are to be sent here at any time.*

Printed Name and Signature

Date