



OFFICE USE ONLY - CUSTOMER NUMBER

Check one: New application Renewal

Have you ever had a recycler's permit suspended or revoked? No Yes State particulars:

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

Legal name of Recycler (or Sole Proprietor)	
Business (Trade) Name	
Business Address	Telephone Number
Mailing Address (if different from above)	Email Address

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

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

Full Name	Residence Address	Telephone Number	Birthdate (mm/dd/yy)

For new applicants only, or if information has changed: Please attach copies of **Criminal Record Checks** for the individuals named above, as well as a copy of local government approval to operate at your chosen business location (for example, an Occupancy Permit).

DECLARATIONS

- I declare that I am engaged in the business of dismantling motor vehicles or selling the parts of dismantled vehicles, or both.
- I agree to conform to all requirements of *The Drivers and Vehicles Act* and its regulations.
- I declare that the information shown and declarations made are true and complete.

Signature of Applicant

Date of Application

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

The fee for a Recycler's Permit is \$50.00 per year. 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
1981 Plessis Road
Box 45064
Winnipeg, MB R2C 5C7

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