



<b>OFFICE USE ONLY - CUSTOMER NUMBER</b>

**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:

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

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)

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
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**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.