



Application for Salesperson's Permit

FOR OFFICE USE ONLY	
AMOUNT _____ .00	VALID YEAR _____

Choose one: **New Application** **Renewal**

Surname _____		Given names _____			
Address (street no. & name or box no.) _____					Phone no. _____
City, town or municipality _____			Postal code _____	BIRTH DATE (mm/dd/yyyy) _____	
Email address _____					

NAME	NAME OF EMPLOYERS AND DATES OF EMPLOYMENT DURING THE PAST THREE YEARS	ADDRESSES	DATES (mm/yy - mm/yy)

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

1. Did you hold a Salesperson's Permit last year?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	→ Permit Number: _____
2. Have you ever had a Dealer or Salesperson's Permit suspended or revoked?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	→ State Particulars: _____
3. Have you ever been convicted under the <i>Criminal Code</i> (Canada) of a criminal offence?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	→ _____
4. Are there any criminal proceedings now pending against you?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	→ _____
5. Is there an unpaid judgement recorded against you?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	→ _____
6. The number of my driver's licence is:	_ _		

I declare that the information shown and declarations made are true and correct. → _____

DATE OF APPLICATION

SIGNATURE OF APPLICANT

THIS AREA MUST BE FULLY COMPLETED OR APPLICATION WILL BE REJECTED		
CERTIFICATE OF EMPLOYER		
TO THE REGISTRAR:		
I / We _____, permit number _____, hereby certify that the information given		
DEALER NAME		
by _____ in the foregoing application is true to the best of my knowledge and belief and request that the		
APPLICANT'S NAME		
application be granted.		
_____	_____	_____
EMAIL	DATE	SIGNATURE OF DEALER OR AUTHORIZED REPRESENTATIVE

Please attach a copy of the applicant's **Criminal Record Check**.

The fee for a Salesperson Permit is \$35 per year (renewed at the end of February each 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.

OR RETURN 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.

OFFICE USE ONLY - SALESPERSON'S PERMIT NO.