

**\*\*\* DRIVER'S LICENCE RENEWAL AUTHORIZATION \*\*\***

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If you require a new Driver's Licence Photo please attend our office in person**

**Driver's Licence Questionnaire**

Answer 'Yes' or 'No' to the following questions. Caution: It is a punishable offence to knowingly make a false answer to any question.

1. Are you now prohibited by court from driving or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled?  YES  
 NO

1. When driving do you require corrective lenses (glasses or contacts)?  YES  
 NO

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1. Have you ever had any of the following conditions, **WHICH HAVE NOT PREVIOUSLY BEEN REPORTED** to Driver & Vehicle Licensing Medical Records:

a) Seizures or blackouts?   
YES  NO

b) Lung or heart trouble, eye diseases, stroke, diabetes treated with injectable insulin, mental disorder, dementia or permanent limitation of motion?  YES  
 NO

c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle?  
 YES  NO

If yes to a), b) or c) the date and details of the condition(s) must be provided below \_\_\_\_\_.

1. Do you hold a valid driver's licence from another province, state or country? If "Yes" state where below. Provide driver's licence number, effective date, expiry date and driver's licence class. \_\_\_\_\_  
\_\_\_\_\_  
 YES  
 NO

**DRIVER'S LICENCE PAYMENT OPTIONS:**

