᠕ᡧᡄ᠋᠋᠆ᢣᢦ᠘᠂᠕᠆ᡁ᠘᠉ᠳᡄᠴ Department of Economic Development and Transportation Pivalliayuliqiyikkut Ingilrayuliqiyitkullu Ministère du Développement économique et des Transports

APPLICATION FOR OPERATOR'S LICENCE RENEWAL

Class of Licence Class 7 (Learner's) Class 6 (Motorcycl Endorsement Q - Airbrakes	le) Class 5 Class 4 Class 3 Class 2 (S - School Bus A - Contacts/Glasses	Class 1 OFFICE USE ONLY Licence No Date Issue		
FAMILY NAME:	FIRST NAME:	FIRST NAME: MIDDLE NAME:		
STREET NAME: CITY/TOWN: POSTAL CODE:	P.O. BOX # TELEPHONE # BLDG/APT # HOME: (867) - WORK: (867) -			
DATE OF BIRTH. 88#AA#MMMM	EYE COLOUR	HAIR COLOUR		
Á	BLK BRO HAZ GRN BLU	BLK BRO GRY RED BLD WHI BAL		
SEX	WEIGHT	HEIGHT		
MALE FEMALE	kg: Ibs:	cm: ft: in:		
EMAIL ADDRESS:				

Licence Number

Building Nunavut Together *Nunavu*liuqatigiingniq Bâtir le *Nunavut* ensemble

DD MM YYYY

I hereby certify that the information given in this application is true and correct to the best of my knowledge, belief and ability, and allow any physician to disclose any medical information required.

PHYSICAL DISABILITY (If any give details, if none write "none")

HAVE YOU EVER SUFFERED FROM - Mental disability, Epilepsy, Stroke, Fits, Fainting spells, Convulsions or illness affecting the eye. (If any give details, if none write "none")

SIGNATURE OF APPLICANT

DATE OF APPLICATION	/		/
	DD	MM	ΥΥΥΥ

Submit completed form to: MotorVehicles@gov.nu.ca

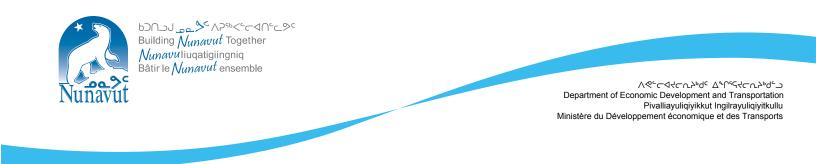
Kitikmeot Region-Headquarters: Motor Vehicles Division Government of Nunavut P.O. Box 10 Gjoa Haven, NU X0B 1J0 **(867)** 360-4616 + (867) 360-4619

Kivalliq Region: Motor Vehicles Division Government of Nunavut P.O. Bag 2 Rankin Inlet, NU X0C 0G0 (867) 645-8466 + (867) 645-8467 T

Qikiqtaaluk Region: Motor Vehicles Division Economic Development & Transportation Economic Development & Transportation Economic Development & Transportation Government of Nunavut P.O. Bag 1000 Station 1575 Iqaluit, NU X0A 0H0 (867) 975-7840 + (867) 975-7820 A

Expiry Date





REMITTANCE SLIP

Please indicate Method of Payment for the attached invoice(s):

VISA MasterCard

Total Remittance: \$_____

Card Holder Name

Credit Card Number

Expiry Date

Signature

Submit completed form to: MotorVehicles@gov.nu.ca