



DECLARATION OF LOST OR MISPLACED DRIVER'S LICENCE PLEASE PRINT

5.2.18

FAMILY NAME:	FIRST NAME:	MIDDLE NAME:
STREET NAME:	P.O. BOX #	TELEPHONE #
CITY/TOWN:	Bldg/Apt #	HOME: (867) -
POSTAL CODE:		WORK: (867) -
		EMAIL: _____
DATE OF BIRTH	EYE COLOUR (Circle one)	HAIR COLOUR (Circle one)
DD: MM: YYYY:	BLK BRO HAZ GRN BLU	BLK BRO GRY RED BLD WHI BAL
SEX (Circle one)	WEIGHT	HEIGHT
MALE FEMALE	kg: lbs:	cm: ft: in:

Class of Driver's Licence (Circle one)
Class 7 (Learner's) Class 6 (Motorcycle) Class 5 Class 4 Class 3 Class 2 Class 1

Nunavut Driver's Licence Number: _____ **Expiry Date:** ____/____/____
D D M M Y Y Y Y

Conditions/Endorsements: _____

Please describe how Driver's Licence was lost or misplaced: _____

Declaration

I hereby declare that all of the above information is true, to the best of my knowledge. I understand that knowingly giving false information may result in charges applied against me under the **Canadian Criminal Code** or the **Motor Vehicles Act of Nunavut**.

Applicant's Signature: _____ Date: _____

Name of Authorizing RCMP Officer (please print): _____

Signature of Authorizing RCMP Officer: _____ Date: _____

Entered on CPIC: YES NO RCMP File No. _____