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Pivalliayuliqiyikkut Ingilrayuliqiyitkullu
Department of Economic Development and Transportation
Ministère du Développement économique et des Transports

2.1.4 APPLICATION FOR OPERATOR'S LICENCE

Class of Licence:____
NEW RENEWAL CORRECTION REPLACEMENT TRANSFER (out of province)
UPGRADE DOWNGRADE
Endorsement (Circle applicable) **Q** - Airbrakes **S** - School Bus **A** - Contacts/Glasses

OFFICE USE ONLY
Licence No. _____
Date _____
Issue _____

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

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

HAVE YOU EVER HAD A DRIVER'S LICENCE? (Circle one) **YES** / **NO**
HAVE YOU EVER HAD YOUR DRIVER'S LICENCE SUSPENDED? (Circle one) **YES** / **NO** (If yes, give details)

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**")

IF YOU CURRENTLY HOLD A LICENCE / HAD A PREVIOUS LICENCE - Attach the latest one

Licence Number	Province/Territory/State/Country	Expiry Date
		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.

_____
SIGNATURE OF APPLICANT

DATE OF APPLICATION:_____/_____/_____
D D M M Y Y Y Y

IF YOU DID A DRIVER EXAMINATION WITH AN R.C.M.P. (EX-OFFICIO) DRIVER EXAMINER:
R.C.M.P. Officer MUST circle the result of the test(s). **Restricted to Nunavut: YES** or **NO**
FAILED / PASSED - Written/Verbal **FAILED / PASSED** - Signs
FAILED / PASSED - Road Test **FAILED / PASSED** - Vision **GN-INTERIM RECEIPT#**_____

_____ _____
SIGNATURE OF R.C.M.P. OFFICER **RANK**

TEST DATE:_____/_____/_____
D D M M Y Y Y Y

Kitikmeot Region-Head Quarters:
Motor Vehicles Division
Economic Development & Transportation
Government of Nunavut
P.O. Box 10
Gjoa Haven, NU X0B 1J0
☎ **(867) 360-4616** 🖷 **(867) 360-4619**

Kivalliq Region:
Motor Vehicles Division
Economic Development & Transporation
Government of Nunavut
P.O. Box 002
Rankin Inlet, NU X0C 0G0
☎ **(867) 645-8466** 🖷 **(867) 645-8467**

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

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