

Collector Vehicle Qualification Form

IMPORTANT: The qualification process applies only to passenger vehicles and light trucks. For complete information about the Collector Vehicle Program and its requirements, please visit mpl.mb.ca.



**Manitoba
Public Insurance**

Collector Plate Application
510-234 Donald Street
Box 6300
Winnipeg MB R3C 4A4

Tel: 204-985-7722
Toll-free: 1-866-798-1185
Fax: 204-953-4998

The Collector Vehicle Program offers special insurance coverage to customers who own collector vehicles. To be eligible, your vehicle must meet certain criteria (see **Declaration**) and you must qualify your vehicle.

Please visit the Manitoba Association of Automobile Clubs (MAAC) website at www.maac.cc for information on how to set up a qualification appointment with a MAAC representative. If you prefer a qualification appointment with Manitoba Public Insurance please call 204-985-7000 or toll-free 1-800-665-2410.

You must complete and sign both copies of this application form and take them with you to your qualification appointment. Once you have qualified, MAAC or Manitoba Public Insurance will keep the Qualifier Copy for their records. Take the Applicant Copy to any Autopac agent for processing.

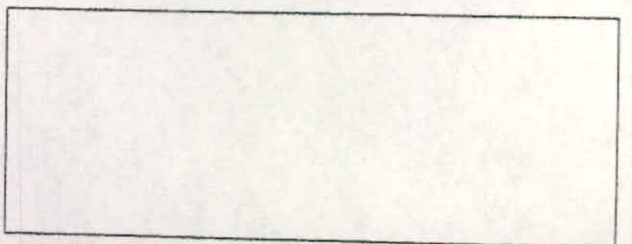
To request a Collector Vehicle licence plate, please complete and submit a *Collector Licence Plate Application*. Visit mpi.mb.ca for an application form.

Registered Owner Information	
Driver's Licence Number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
or	
Manitoba Public Insurance Customer Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	Given Name(s)
Address	
City or Town	Postal Code
Daytime Telephone Number	

Vehicle Information		
Vehicle Identification Number (VIN)		
Year	Make	Model
Current Licence Plate		

Office use only
Name of MAAC or Manitoba Public Insurance Representative
Signature
Date

Declaration
By submitting this application I declare that my vehicle meets each of the following requirements of the Collector Vehicle Program:
<ul style="list-style-type: none"> • is at least 25 years old • is a passenger vehicle or light truck • has a value of at least \$5,000, and • is used for 'Pleasure' only under Basic Autopac (i.e. not used for regular commuting)
I understand and accept that qualifying my vehicle for the Collector Vehicle Program in no way implies an Actual Cash Value (ACV) for my vehicle.
Signature of Registered Owner
Date



This form is valid for one year from date of issuance.

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Vehicle Information		
Vehicle Identification Number (VIN)		
Year	Make	Model
Current Licence Plate		

Declaration
I consent to the collection of this information by the authoring service organization (MAAC) and its disclosure to Manitoba Public Insurance for the purpose of qualifying my vehicle for participation in the Collector Vehicle Program.
_____ Signature of Registered Owner
_____ Date

Office use only
_____ Name of MAAC or Manitoba Public Insurance Representative
_____ Signature
_____ Date

<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
This form is valid for one year from date of issuance.

Personalized Collector Vehicle Licence Plate Application

IMPORTANT: The Collector Plate is part of the Collector Vehicle Program. For complete information and requirements, please visit mpl.mb.ca.

Demande de plaque d'immatriculation de véhicule de collection

IMPORTANT: La plaque de véhicule de collection est un élément du Programme des véhicules de collection. Pour connaître tous les détails et les exigences du Programme, visitez le site Web mpl.mb.ca.



Manitoba Public Insurance

Société d'assurance publique du Manitoba

Collector Plate Application
510-234 Donald Street
Box 6300
Winnipeg MB R3C 4A4
Tel: 204-985-7722
Toll-free: 1-866-798-1185
Fax: 204-953-4998

Demande de plaque de véhicule de collection
234, rue Donald, bureau 510
C.P. 6300
Winnipeg (MB) R3C 4A4
Tél. : 204-985-7722
Sans frais : 1-866-798-1185
Télé. : 204-953-4998

Registered Owner Information - This section MUST be completed if you are a gift. Please provide contact information for the donor of the gift.
Données sur le propriétaire inscrit - Cette section DOIT être remplie si la plaque est un cadeau. Veuillez indiquer les coordonnées du cédant.

Driver's Licence Number / N° de permis de conduire - - -

or / ou
Manitoba Public Insurance Customer Number / N° de réf. de client de la Société

Surname / Nom _____ Given Name(s) / Prénom _____

Address / Adresse _____

City or Town / Ville _____ Postal Code / Code postal _____

Daytime Telephone Number / Numéro de téléphone (jour) _____

Current Licence Plate / Plaque d'immatriculation courante _____

Plate is for: Passenger Vehicle / Light Truck / Automobile / Camion léger Motorcycle / Motocyclette

Donor Information - If you intend to give the plate as a gift, this section MUST be completed with your information. The vehicle owner must be part of the CVP to be eligible for the plate.
Données sur le donateur - Si vous avez l'intention de donner la plaque en cadeau, cette section DOIT être remplie. Le propriétaire du véhicule doit participer au programme des véhicules de collection pour avoir le droit de recevoir la plaque.

Driver's Licence Number / N° de permis de conduire - - -

or / ou
Manitoba Public Insurance Customer Number / N° de réf. de client de la Société

Donor's Surname / Nom de famille du donateur _____ Given Name(s) / Prénom _____

Address / Adresse _____

City or Town / Ville _____ Postal Code / Code postal _____

Daytime Telephone Number / Numéro de téléphone (jour) _____

Signature of applicant / Signature du demandeur _____

Personalized Collector Vehicle Licence Plate - Print your choices in order of preference in the boxes provided. Indicate hyphens or blank spaces. NOTE: Due to space limitations, motorcycle plates contain a maximum of five characters.
Plaque d'immatriculation personnalisée de véhicule de collection - Inscrivez vos choix de formule en ordre de préférence dans les cases ci-dessous. Veuillez indiquer, le cas échéant, les traits d'union ou les espaces. NOTA: En raison des contraintes d'espace, les plaques de motocyclette contiennent un maximum de 5 caractères.

Explanation of slogan (must be completed) / Explication des slogans (doit être remplie)

First Choice / Premier choix _____

Second Choice / Deuxième choix _____

Third Choice / Troisième choix _____

Fee	\$100
GST	\$5
Total amount due	\$105
Drors	\$0
TPS	\$5
Montant dû	\$105

Replacement Collector Vehicle Licence Plate
Please indicate the licence plate to be manufactured in the boxes provided.
Remplacement d'une plaque d'immatriculation de véhicule de collection
Veuillez indiquer la plaque d'immatriculation à fabriquer dans les cases ci-contre.

Fee	\$25.00
GST	\$5.25
Total amount due	\$30.25
Drors	\$25.00
TPS	\$5.25
Montant dû	\$30.25

Payment Instructions
Return this application with your cheque or money order payable to MANITOBA PUBLIC INSURANCE. DO NOT SEND CASH. If your application is denied, your cheque or money order will be returned to you.

- Cash or debit card in person only.
- Enclosed is a cheque or money order for \$ _____ made payable to Manitoba Public Insurance.
- Credit Card: MasterCard Visa
Card number: _____
Expiry date: _____
Name on card (please print): _____
Signature of cardholder: _____

GST Reg. No. R107863847 GST receipt required for I.T.C.

Modalités de paiement
Retournez ce formulaire accompagné d'un chèque ou d'un mandat libellé au nom de la SOCIÉTÉ D'ASSURANCE PUBLIQUE DU MANITOBA. N'ENVOYEZ PAS D'ESPÈCES. Si votre demande est refusée, nous vous renverrons votre chèque ou mandat.

- Espèces ou carte de débit en personne seulement.
- Vous trouverez ci-joint un chèque ou mandat au montant de _____ \$ à l'ordre de la Société d'assurance publique du Manitoba.
- Carte de crédit: MasterCard Visa
Numéro de la carte: _____
Date d'expiration: _____
Nom figurant sur la carte (en lettres moulées): _____
Signature du titulaire: _____

N° d'inscription TPS R107863847 Reçu de TPS demandé pour C.T.I.

<p>Brandon</p> <p>Dave Burba 204-729-5808 <u>Email</u></p>	<p>Brandon</p> <p>Ken Ewasiuk 204-726-5891 <u>Email</u></p>	<p>Brandon</p> <p>Murray Holden 204-728-6238 (home) 204-726-3972 (cell) <u>Email</u></p>	<p>Brandon</p> <p>Barry Mansoff 204-724-5556 <u>Email</u></p>
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<p>Brandon</p> <p>David Robinson 204-483-3357 <u>Email</u></p>	<p>Brandon</p> <p>Rob Rose 204-728-4016 <u>Email</u></p>	<p>Brandon</p> <p>Pete Sarkonak <u>Email</u></p>	<p>Brandon</p> <p>Jim Stewart 204-729-8875 (home) 204-724-4449 (cell) <u>Email</u></p>
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<p>Brandon</p> <p>Dave Teichrow 204-727-8306 <u>Email</u></p>	<p>Brandon / Southwest</p> <p>David Maguire 204-724-3288 (cell) 204-725-0835 (home) <u>Email</u></p>	<p>Brandon / Shilo</p> <p>Mike Villers 204-573-8479 (cell) 204-763-4121 (home) <u>Email</u></p>	<p>Brandon / Oak Lake</p> <p>Lynn Coulter <u>Email</u></p>
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Selkirk / Interlake

<p>Selkirk / Petersfield</p> <p>Marcel Lemire 204-738-2488 (home) 204-485-6899 (cell) <u>Email</u></p>	<p>Selkirk / Petersfield</p> <p>John Vandenberg 204-738-2596 <u>Email</u></p>	<p>Selkirk / St. Clements</p> <p>Jim Nemeth 204-981-4370 <u>Email</u></p>	<p>Gimli</p> <p>Steve Affleck 204-642-4844 <u>Email</u></p>
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<p>Gimli</p> <p>John Hykawy 204-641-5444 <u>Email</u></p>	<p>Arborg / Riverton</p> <p>Bernie Kratzer 204-771-0069 <u>Email</u></p>	<p>Winnipeg Beach</p> <p>Kerry Gluck 204-899-0242 <u>Email</u></p>
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Steinbach / South East Region