

SECTION 1

Before you submit an application, you **MUST**:

- Have no history of operating a motor vehicle in the past 10 years in any jurisdiction.*
- Have no current Criminal Code driving prohibitions.
- Have no outstanding motor vehicle fines and fees.

If you meet all of the requirements, you can proceed with filling out this application form.

*If you have a question about your driving record, call 902-424-5587 or toll free 1-800-898-7668 and ask for Record Assessment.

SECTION 2

APPLICANT IDENTIFICATION

Name: First _____ Middle _____ Last _____

Master Number | | | | | | | | | | | | | | | | | | | | | |

Address to which all notices in respect to this application will be delivered.

Street Name / Number / Unit _____

City / Town _____ Province _____ Postal Code _____

Please list all addresses where you have lived or worked in the previous 10 years. Use reverse if required.

1) Street Name / Number / Unit _____

City / Town _____ Province _____ Postal Code _____

2) Street Name / Number / Unit _____

City / Town _____ Province _____ Postal Code _____

CHECKLIST

I have included the following documents with this application form:

- A criminal record check less than 1 year old from the date of this application,
- A driving abstract, less than 1 year old from the date of this application, from anywhere you lived or worked in the past 10 years, except Nova Scotia,
- A medical fitness report from a qualified medical practitioner, and
- At least 2 reference letters commenting on your consumption of alcohol (employer, family member, counsellor, etc.)

APPLICANT DECLARATION

I hereby certify that (please initial):

- _____ I have no history of operating a motor vehicle in the previous 10 years in any jurisdiction.
- _____ I am not prohibited to operate a motor vehicle under the Criminal Code.
- _____ I have paid all outstanding motor vehicle fines and fees.
- _____ The information contained on this application is correct.

Applicant Signature: _____ Date: _____

WARNING: The Motor Vehicle Act provides a penalty of a fine and imprisonment for false statement of fact in this application.

The Registrar of Motor Vehicles will review your application and you will be notified of the outcome by mail within 30 days.

PLEASE MAIL THE COMPLETE APPLICATION TO: PO Box 561, Halifax Central, Halifax, NS B3J 2R7