الك∩\_\_\_\_ ك^ ∧2™<`~⊲∩`\_≫` Building Nunavut Together Nunavuliuqatigiingniq Bâtir le Nunavut ensemble

> ᠕ᡧᡄ᠋᠋᠆ᢣᢦᡏ᠘᠆᠕ᡧᡄ᠕ᢣᡆᡃᠴ Department of Economic Development and Transportation Pivalliayuliqiyikkut Ingilrayuliqiyitkullu Ministère du Développement économique et des Transports

| APPLICATION FOR LOST OPERATOR'S LICENCE DUPLICATE   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| Class of Licence  |                                   | OFFICE USE ONLY                |
| Class 7 (Learner's) Class 6 (Motorcycle)  | Class 5 Class 4 Class 3 Class 2   | Class 1 Licence No.            |
|   |                                   | Date                           |
| Endorsement Q - Airbrakes S   | - School Bus A - Contacts/Glasses | Issue                          |
|   |                                   |                                |
| FAMILY NAME:  | FIRST NAME:                       | MIDDLE NAME:                   |
| STREET NAME:  | P.O. BOX #                        | TELEPHONE #                    |
| CITY/TOWN:  | BLDG/APT #                        | HOME: (867) -                  |
| POSTAL CODE:  |                                   | WORK: (867) -                  |
| DATE OF BIRTH: DD/ MM/ YYYY   | EYE COLOUR                        | HAIR COLOUR                    |
|   | BLK BRO HAZ GRN BLU               | BLK BRO GRY RED BLD WHI<br>BAL |
| SEX   | WEIGHT                            | HEIGHT                         |
| MALE FEMALE   | kg: Ibs:                          | cm: ft: in:                    |
| EMAIL ADDRESS:  |                                   |                                |
| Licence Number Expiry Date  |                                   |                                |
|   |                                   |                                |
|   |                                   | DD MM YYYY                     |
|   |                                   |                                |
| Declaration<br>I hereby declare that all of the above information is true, to the best of my knowledge. I understand<br>that knowingly giving false information may result in charges applied against me under the <u>Canadian</u><br><u>Criminal Code</u> or the <u>Motor Vehicles Act of Nunavut.</u> |                                   |                                |
| Applicant's Signature:  | Date:                             |                                |
| Name of Authorizing RCMP Officer (please print):  |                                   |                                |
| Signature of Authorizing RCMP (   | Officer:                          | Date:                          |

Entered on CPIC: YES NO

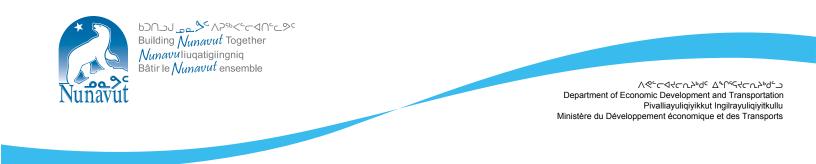
RCMP File No.\_

## 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 Igaluit, NU X0A 0H0 (867) 975-7840 + (867) 975-7820



## **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