



APPLICATION FOR LOST OPERATOR'S LICENCE DUPLICATE

Class of Licence

Class 7 (Learner's) Class 6 (Motorcycle) Class 5 Class 4 Class 3 Class 2 Class 1

Endorsement

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) -
DATE OF BIRTH: DD/ MM/ YYYY	EYE COLOUR BLK BRO HAZ GRN BLU	HAIR COLOUR BLK BRO GRY RED BLD WHI BAL
SEX MALE FEMALE	WEIGHT kg: lbs:	HEIGHT cm: ft: in:
EMAIL ADDRESS:		

Licence Number	Expiry Date
	DD MM YYYY

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. _____

Submit completed form to: MotorVehicles@gov.nu.ca

Kitikmeot Region-Headquarters:

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 & Transportation
Government of Nunavut
P.O. Bag 2
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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Building *Nunavut* Together
Nunavut iuqatigiingniq
Bâtir le *Nunavut* ensemble

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Department of Economic Development and Transportation
Pivalliyuliyikkut Ingilrayuliyittkullu
Ministère du Développement économique et des Transports

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