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 Building Nunavut Together
 Nunavut liuqatigiingniq
 Bâtir le Nunavut ensemble

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

APPLICATION FOR OPERATOR'S LICENCE RENEWAL

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. '88 #A #MMM Á	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

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.

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

SIGNATURE OF APPLICANT

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

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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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