

Licence Suspension Appeal Board 200-301 Weston Street, Winnipeg MB R3E 3H4 **T** 204-945-7350 **F** 204-948-2682 email: lsabmrcboards@gov.mb.ca

Application Number: OFFICE USE ONLY

Commission d'appel des suspensions de permis 301, rue Weston, pièce 200, Winnipeg MB R3E 3H4

**Tél**: 204-945-7350 **Téléc**: 204-948-2682

## **APPLICATION FOR VARIATION**

		\$75 Non-Retu	ndable Fee R	equirea
Name:				
Last name	First Name		Middle Initial	
Driver's Licence Number:		Date of Birth:		
			Month Day	Year
Telephone Number:		Email address: _		
CHANGE OF CONDITIONS (check all that apply): Please attach the required Supplemental Information Sheet and support documents.				
☐ Address ONLY				
Name ONLY (eg: School, E	Employme	nt)		
Current Condition(s) that will be changed	<u>;</u> :			
Reason for the change in conditions:  New employer		Other		
New hours				
ADDITION OF CONDITIONS (check all that apply): Please attach the required Supplemental Information Sheet and support documents.				
Work		Medical	port documen	11.0.
□ Day Care		Child Access (\	/isitation)	
School		Add to/from wo	rk	
Other		Family related r	esponsibilities	;
REMOVAL OF CONDITIONS:				
What is the condition you are asking to re	emove:			

You must submit a new abstract dated within 15 days of the date you submit this application.