



Transportation and Infrastructure

Medical Review Committee

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

APPLICATION FOR APPEAL

\$50 Non-Refundable Fee Required

First Name		Last Name		Driver's Licence Number	
Address				City	Province
Postal Code		Date of Birth		Telephone Number:	
Email				Occupation	
REASONS FOR APPEAL (based on a decision by the Registrar of Motor Vehicles):				REASONS FOR APPEAL (based on a decision by Manitoba Possible):	
<input type="checkbox"/> Denial of driver's licence, Class ____ <input type="checkbox"/> Declass of driver's licence from Class ____ to Class ____ <input type="checkbox"/> Cancellation of driver's licence <input type="checkbox"/> Restriction of driver's licence Please attach a copy of the NOTICE you receive from the Registrar of Motor Vehicles to your application.				<input type="checkbox"/> Denial or cancellation of a Physically Disabled Person's Parking Permit	

Provide a brief history of the medical condition(s) resulting in the denial, declassification, cancellation or restriction of your driver's licence or parking permit:

List all the medication(s) you are presently taking related to above noted condition:

If your driver's licence was declassified or restricted, please describe:

a. Type of vehicle you propose to drive:

b. Destinations and distances you wish to be allowed to drive:

Appellants residing further than a 200 km radius of Winnipeg can request a virtual hearing. Please check this box if this applies to you. ☐

If you do not want to attend the hearing, the Committee will review your application, and the material provided by both you and the Registrar of Motor Vehicles and render a decision.

Date: _____

Signature: _____

Please retain copies of submitted documents for your records.

INSTRUCTIONS:

To assist the Committee, please answer all pertinent questions. If more space is required, you may write the additional information on a separate sheet and attach it to the application. Please note, if providing new medical information, your application may be evaluated and you may be advised to return to Driver Fitness, Manitoba Public Insurance for reconsideration.

Should you require assistance or information in order to complete the application, please contact our office by telephone at 204-945-7350.

Application must be completely filled out and submitted with your supporting documentation before your application can be accepted and processed.

Each application **must** be accompanied by:

- a. Appeal Application – fully completed, signed and dated
 - i. **By fax:** must include cover page with the Appellant's name
 - ii. **By email:** must contain the Appellant's name in the subject line
 - iii. **By mail**
- b. A copy of the Notice from the Registrar of Motor Vehicles, Manitoba Public insurance (if applicable)
- c. Non-refundable fee of \$50.00:
 - i. **By mail:** cheque or money order payable to the **MINISTER OF FINANCE**
 - ii. **In person:** cash, cheque, money order, debit, MasterCard or Visa
 - iii. **Online:** E-transfer, MasterCard or Visa. Contact the office for instructions

APPEALS RELATED TO THE DENIAL, DECLASSIFICATION, CANCELLATION AND RESTRICTION OF A DRIVER'S LICENCE ONLY:

The Medical Review Committee will request from Driver Fitness, Manitoba Public Insurance a copy of your file for review prior to your scheduled hearing date.

While you are waiting for a hearing date, you may wish to consider completing any evaluations requested by Driver Fitness, Manitoba Public Insurance or providing them with any outstanding or updated medical reports and information.

When making a decision, the Medical Review Committee may decide to:

- uphold the decision of the Registrar
- recommend additional medical examinations and/or re-evaluations by the Registrar
- overturn the decision of the Registrar, and may require conditions

Any additional medical examinations and/or re-evaluations recommended are the financial responsibility of the appellant.

All appellants are encouraged to ensure that they have fully complied with the Registrar prior to applying to the Medical Review Committee. This includes providing all required medical reports and/or taking any medical/functional testing required. If you have not provided medical or other information as requested by the Registrar, and the Committee agrees it is needed to review your case, you will be asked to complete the information and return it to the Registrar.