

5.2.18

۸ペ-۲۹۲ میروزم حرب الم Pvalliayuliqiyikkut Ingilrayuliqiyitkullu Department of Economic Development and Transportation Ministère du Développement Économique et des Transports

DECLARATION OF LOST OR MISPLACED DRIVER'S LICENCE PLEASE PRINT

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		EYE COLOUR (Circle one)	HAIR COLOUR (Circle one)
DD: MM:	YYYY:	BLK BRO HAZ GRN BLU	BLK BRO GRY RED BLD WHI BAL
SEX (Circle one)		WEIGHT	HEIGHT
MALE	FEMALE	kg: lbs:	cm: ft: in:
Conditions/Endo	orsements:		iry Date: / / DD MM YYYY
		Declaration	
I hereby declare that giving false informati Motor Vehicles Act	on may result in cha	rmation is true, to the best of my k rges applied against me under the	nowledge. I understand that knowingly Canadian Criminal Code or the
Applicant's Signature	:	Date:	
Name of Authorizing	RCMP Officer (pleas	se print):	
Signature of Authorizi	ng RCMP Officer: _		Date:
Entered on CPIC: YI	ES NO	RCMP File No.	
itikmeot Region-Hea	nd Quarters: Ki	valliq Region:	Qikiqtaaluk Region:

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