



## Infrastructure

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](mailto:lsabmrcboards@gov.mb.ca)

Application Number:

OFFICE USE ONLY

Commission d'appel des suspensions de permis  
301, rue Weston, bureau 200, Winnipeg (Manitoba) R3E 3H4  
Tél : 204-945-7350 Téléc : 204-948-2682  
<http://manitoba.ca/lsab>

### Document Checklist

Name: \_\_\_\_\_  
Last Name First Name Middle Initial  
Primary Phone Number : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

All documents must be completely filled out and submitted with supporting documents before your application can be accepted. An incomplete application without all of the supporting documents will **NOT** be accepted.

Send the following documents with your application. Check ☒ each box once you enclose the item.

- ☐ **Application for Appeal** - fully completed, signed and dated.
- ☐ **Supporting Documentation (See Board Documentation Requirements)**
- N/A Yes
- ☐ ☐ Work:
- ☐ Employers letter or other required support documents
  - ☐ Work Supplemental Information Sheet for each employer
- ☐ ☐ School
- ☐ ☐ Day Care
- ☐ ☐ Child Access
- ☐ ☐ Medical Supplemental Information Sheet
- ☐ ☐ Other: \_\_\_\_\_
- ☐ An **abstract** obtained from Manitoba Public Insurance (MPI) dated fifteen (15) days within the date you submit your application for appeal.
- ☐ The **non-refundable application fee** of \$130.00.
- (By mail: cheque or money order ONLY made payment to the Minister of Finance)
- (In person: cash, cheque, money order, debit, MasterCard or Visa)

You must include this completed **Document Checklist** with your application package  
**Mail or bring your fully completed application form and all required documents with this check list to:**

Licence Suspension Appeal Board  
200-301 Weston Street  
Winnipeg, Manitoba, R3E 3H4

**APPLICATIONS CANNOT BE ACCEPTED BY FAX OR EMAIL**

If you have any questions about the required documentation, please visit our website:  
<http://manitoba.ca/lsab> or call the Licence Suspension Appeal Board (LSAB) 204-945-7350.

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### APPLICATION FOR APPEAL

\$130.00 Fee required

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Driver's Licence Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Primary Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email address: \_\_\_\_\_

#### Mailing address:

Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Physical address: ☐ Same as above

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

#### Reasons for applying: (check all that apply)

- You must attach a letter outlining the general reasons for your requests and provide documentation related to each request made

- |  |  |
|--|--|
| <input type="checkbox"/> Work              | <input type="checkbox"/> Child Access (Visitation) |
| <input type="checkbox"/> Day Care          | <input type="checkbox"/> Medical                   |
| <input type="checkbox"/> School (children) | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> School (yourself) | _____  |

- Applications can only be received in person or by mail they **cannot** be sent by fax or e-mail.
- The Application, required supporting documents and payment must be received together.
- If you anticipate that you may be away when a Hearing date is scheduled please advise the office in writing, by email, or by fax immediately

Location of Hearing: ☐ Winnipeg ☐ Brandon ☐ Northern (Thompson/The Pas)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note - If counsel is representing you, provide their name and contact information below:

\_\_\_\_\_

# NON-REFUNDABLE

## **INSTRUCTIONS:**

1. Each application **must** be accompanied by:
  - a. A Completed Document Checklist;
  - b. Documentation in compliance with the Board Documentation Requirements;
  - c. The fee of \$130.00 (cheque or money order payable to the MINISTER OF FINANCE);
  - d. A copy of your Drivers Abstract dated within 15 days of your application
2. When we receive a complete application and forms, the application will be processed and you will be notified as to the time, date and place of the Hearing.
3. It is required that you appear in person before the Board. If you cannot attend due to distance or other circumstances, please send an accommodation request form. You will be notified if your accommodation request is accepted.
4. The Appeal Board schedules hearings at points outside of Winnipeg on a semi-regular basis. Please advise as to what location is preferred for the hearing, Winnipeg, Brandon, Thompson or The Pas.

**Due to the time required for the processing and scheduling of hearings, it is important to forward the application immediately after the conviction and/or suspension of driver's licence.**

If additional information is required, please contact The Licence Suspension Appeal Board

200 – 301 Weston Street  
Winnipeg MB R3E 3H4  
Phone: (204) 945-7350  
Fax: (204) 948-2682  
Email: lsabmrcboards@gov.mb.ca

In order to process communication:

- If sending information by fax you must include a fax cover page with the Appellant's name and file number.
- If sending information by email the subject line of your email must contain the Appellant's name and file number.
- The Board office cannot release information to third parties without a signed authorization on file.
- Please note that it is Board policy to not provide hearing dates or the results of hearings over the phone. All hearing dates and board decisions will be sent by regular mail.



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## Board Documentation Requirements

### Please read carefully

Your Appeal Application will only be accepted once you have provided satisfactory proof for each of your driving requests. Follow the guidelines below to gather the proof required for each request. An incomplete application will result in processing delays.

Further, you may be required to provide more or better proof for a driving request. The Board will not authorize a second 45-day permit until satisfactory documentation is received. You may choose to revoke a driving request rather than providing new documentation. However, if you revoke a driving request you will be ineligible to make this request at your hearing.

### Please Note:

If you do not respond to requests for additional information within 6 months from the date that the Board requests further documentation, your file will be deemed to be abandoned and will be closed.

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**DRIVING REQUEST FOR WORK**

- You must submit a completed Work Supplemental Information Sheet for each employer. Your application will not be accepted without the completed sheet.

**EMPLOYED**

- If you are employed by a company you must provide a letter from company which confirms the following:
  - o Your employment with the company
  - o If you are required to drive at work
  - o If you drive a company vehicle or use your personal vehicle at work
  - o The specific days and hours that you work (must state the start and end times of your shifts and which days of the week you are expected to work)
  - o The letter must be signed and be on company letterhead
    - If the company does not have letterhead – then acceptable alternative includes a letter from the company/owner and
      - a copy of your 3 most recent pay statements that have a company name and information on it OR
      - copies of your three most recent pay cheques with the company name

**SELF-EMPLOYED:**

- If your business is incorporated or has a business name registered under the Business Registration Act:
  - o A copy of your File Summary from the [Manitoba Government Companies Office](http://www.companiesoffice.gov.mb.ca/)<sup>1</sup>, showing that the business is **Active** and dated within 15 days of the filing date of your Appeal Application to the Board; **and**,
  - o A copy of your company's tax return from the most recent tax year
- If your self-employed and not incorporated and/or do not operate under a registered business name:
  - o a copy of your Statement of Business Activities from the most recent tax year

**Note:** If your company has been incorporated OR if you have become self employed within the last year then a copy of your GST Registration Confirmation Notice from Canada Revenue Agency which shows the date your GST Number was registered will be accepted in place of the Income Tax Information.

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<sup>1</sup> The File Summary is available from the Companies Office in person on the 12<sup>th</sup> Floor – 405 Broadway or online from the companies office <http://www.companiesoffice.gov.mb.ca/>

**PROFESSIONAL EMPLOYMENT**

- If you are self employed as a professional and pay an annual fee to your professional association, you are required to provide a confirmation of status from the professional Body (e.g., Law Society, College of Physicians and Surgeons) and a copy of your current licence to practice and:
  - o A letter from the employer/broker confirming your employment in compliance with the guidelines for an employed person – OR –
  - o File Summary from the [Manitoba Government Companies Office](#) – OR –
  - o Statement of Business Activities from the most recent Tax year

**FARMER**

- If the farm is not incorporated then:
  - o Statement of Farming Activities
- If the farm is incorporated then:
  - o The File Summary from the [Manitoba Government Companies Office](#)
- If employed on the family farm:
  - o If the farm is not incorporated:
    - A letter from family in compliance with the guidelines for an employee letter listed above under “Employed” and,
    - A Copy of the Statement of Farming Activities for the farm
  - o If the farm is incorporated and you are paid as an Employee
    - A letter from the farm in compliance with the guidelines for an employee letter listed above under “Employed”

**COMMERCIAL FISHERMAN/TRAPPER/GUIDE**

- Licence for the most current year; and,
- Statement of Business Activities for the most current year OR
- A copy of you Status Card if you do not file taxes

**RESPITE:**

- If paid directly from a family:
  - o A letter from the family indicating the dates and times of employment
  - o A copy of most recent tax return showing self-employment income
- If paid directly from the government or agency:
  - o A letter confirming placement location, dates and times worked

**FAMILY MEMBERS WORK:**

- Letter from spouse's employer in compliance with the guidelines for an employee letter listed above under "Employed"
- Documentation from MPI confirming that your spouse has no valid driver licence

**UNION HALL WORK:**

- A letter from the union hall confirming:
  - o You are a member in good standing
  - o Work that is assigned by the union hall

**LOOKING FOR WORK:**

- The Board will only consider an application where an Appellant is looking for work if the suspension length is greater than two years
- You must provide a detailed and chronological work history with no gaps or explanations for gaps in employment for the last 5 years

**DRIVING REQUEST FOR SCHOOL**

- University/College/Post Secondary
  - o An official copy of the student detailed schedule; and<sup>2</sup>
  - o Enrolment Verification Letter
- Elementary/High school
  - o Letter from the school or school division verifying your child's attendance

**CHILD CUSTODY/VISITATION**

- A copy of the most current and signed Court Order which sets out any specific custody arrangements. If the Court Order does not specify pick up and drop off locations you must also include one of the below:
  - o Separation Agreement, fully executed
    - We only require a copy of the cover page, the "preamble" or beginning section, the custody sections and the signature pages of the agreement
  - o Letter from your lawyer outlining custodial arrangements and specific pick up and drop off arrangements and locations
  - o Letter from your partner outlining custodial arrangement's and specific pick up and drop off locations or requirements

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<sup>2</sup> If you have not registered for your classes yet you may alternatively provide confirmation of when you are able to register for classes. You must then provide a copy of your detailed schedule prior to your hearing date.

**DAYCARE**

- Letter on company letterhead confirming attendance and hours of operation with the address of the facility

**MEDICAL/SPECIALIST APPOINTMENTS**

- Your doctor **must** complete the “Medical Supplemental Information Sheet”
- The Board will consider the need to attend ongoing and necessary medical appointments. This does not include having to attend a physician for having a cough, cold or annual physicals.
- It is not necessary for the Doctor to relate what the medical condition is.

**AA/NA/CA etc. MEETINGS**

- A letter from your sponsor (or group leader if you do not have a sponsor) verifying:
  - o Your attendance
  - o Your date of sobriety
  - o Name of groups attended
  - o Days of the week group is attended

**EXTRACURRICULAR**

- The Board does not typically consider extracurricular activities to be an exceptional hardship.
- However, the Board may consider a request for extracurricular activities for children if the child has a condition or disability that requires them to participate in an extracurricular activity (e.g., music therapy). In this case you must provide documentation from a medical professional or support worker on company letter head explaining briefly the condition of the child, and why it is necessary to participate in the extracurricular activity.
- You must also then provide confirmation of enrollment and a schedule for the extracurricular activity.

**GROCERIES**

- Groceries are not typically considered an exceptional hardship unless you reside in a rural and remote location.



**ADDITIONAL REQUIREMENTS FOR SUSPENSIONS AND CONVICTIONS FOR ALCOHOL RELATED OFFENCES**

- If you have been convicted of an alcohol related offence under the Criminal Code such as driving with a Blood Alcohol Content over 0.08, Impaired Driving, Refusal this additional provision applies
- You must provide a copy of your Manitoba Public Insurance Alcohol (or drug) Approval letter. The letter indicates if you have further reports that are required, when they are required or if no further reports are required. Please remember to provide the Licence Suspension Appeal Board Office with updated copies of the letter prior to the Hearing

**Note:** if you have just registered for the AFM Program and have not completed you may provide a receipt dated within 3 months of your application. However, prior to your hearing you will be required to provide your most recent Alcohol Reporting letter.

**ADDITIONAL REQUIREMENTS FOR SUSPENSIONS LONGER THAN 2 YEARS**

- You are required to provide a letter from yourself and support letters from others pOR complete a waiver indicating that you will not be filing letters of support.
  - o Provide a letter from yourself indicating the changes you have made and why you feel it would not be against the public interest for the Board to allow conditional driving privileges at this time.
  - o Provide letters of support from individuals who can attest to the changes you have made such as family members, co-workers, members of the community, probation officers etc. These letters must include the person's full name, signature, telephone number and should also state their relationship to you.
  - o If your offences are alcohol or drug related, your letters of support should focus on your present consumption and/or habits. If you are attending AA or similar meetings, a letter from your sponsor confirming your date of abstinence should be submitted.

**RECORDS THAT INCLUDE INCIDENTS WITH BODILY HARM OR FATALITY**

- If your suspension is a result of a conviction and/or accident which resulted in bodily harm or a fatality you are required to provide a copy of transcript for the Reasons for Judgement and Reasons for Sentence.
  - o Transcripts can be ordered from [Manitoba Justice – Transcription Services](#)
  - o You must provide an original copy that bears the signature and TSU certification.

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### WORK - SUPPLEMENTAL INFORMATION SHEET

A separate 'Supplemental Information Sheet' is required for each employer.

<b>Name:</b> _____		
_____	_____	_____
Last name		Middle Initial
<b>Name of employer:</b>		<b>Occupation:</b>
<b>Address of employer (include mailing and physical address):</b>		
<b>Driving hours requirements</b>		
Please indicate the earliest time you leave home and the latest time that you would arrive home on each day.		
<input type="checkbox"/> NA – Shift work – see next page		
Day	Earliest	Latest
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<b>Driving requirement</b>		<b>II – Ignition Interlock Device*</b>
Please indicate which of the following apply to you:		
<input type="checkbox"/> Driving to/from home to work	<input type="checkbox"/> Company vehicle(s) have a logo	
<input type="checkbox"/> Driving in the course of employment	<input type="checkbox"/> II* can be installed in the Company vehicle	
<input type="checkbox"/> Only drives company vehicles at work	<input type="checkbox"/> Request for II exemption in work vehicle **	
<input type="checkbox"/> Able to take company vehicle home	<input type="checkbox"/> 24 hours a day / 7 days a week	

Please provide any additional information including:

- What other alternatives do you have for transportation? Why don't these alternatives work for you?
- If you checked N/A in hours required, describe the shift rotation schedule and hours you need to drive.
- If you indicated the need for 24 hours a day/7 days a week, please provide additional and detailed information on why this request is absolutely necessary.

**You must include the following with a request for work:**

- A letter from your employer confirming your standard working days of the week and the specific hours that you work (see the guideline for examples)
- If you are self-employed or own your company please see the guidelines for the documents that will be required.

**\*\*** If you have requested an II exemption for work purposes – you must complete the “*Request for Ignition Interlock Exemption*” form

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**Sample Employer Letter 1 – Regular work hours – no driving at work**

We confirm that Jane Doe is employed with ABC Company as a Labourer. Her regular hours of work are Monday to Friday with regular hours from 8:30 am until 4:30 pm. She is not required to drive at work but our facility is not accessible by public transit. Jane will not lose her job if she does not have a licence.

**Sample Employer Letter 2 – Regular work hours – driving at work**

We confirm that John Smith is employed with our ABC Company as a Labourer. His regular hours of work are Monday to Friday with normal hours from 8:30 am until 4:30 pm. However, sometimes he is required to work overtime and the earliest start time is 7:00 am and the latest end time is 7:00 pm. John is required to drive at work and is required to drive a company vehicle. John's employment with the company is in jeopardy if he is unable to drive while at work.

**Sample Employer Letter 3 – Regular work hours – different days**

We confirm that Jane Doe is employed with our ABC Company as a Labourer. Jane typically works 5 or 6 days a week Monday through Saturday. The times that she works vary depending on demands. Her earliest start time is 7:00 am and the latest end time is 7:00 pm. Jane is required to drive at work and uses her personal vehicle. If Jane is unable to drive at work she may be demoted and face a reduction in income.

**Sample Employer Letter 4 – Shift Work**

We confirm that John Smith is employed with ABC Company as a Labourer. John works shift work. The shifts run seven days a week. There are three possible shifts. The first shift is from 8 am until 4pm; second shift is from 4pm until 12 am and the last shift is from 12 am until 8 am. John is required to drive during the day and evening shift. John is only required to drive in the case of an emergency during the midnight shift. John drives a company vehicle at work.



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### **Sample Employer Letter 5 – Shift Work**

We confirm that that Jane Doe is employed with ABC Company as a Labourer. Jane works shift work on a 10 and 4 rotation. There are two shifts that Jane can work. The shifts start and end at 7:00 am and 7:00 pm. Jane is occasionally required to work overtime. If Jane works overtime her shift can be extended by a maximum of 2 hours before or after the start of a shift. Jane may be required to drive at work. Jane uses her personal vehicle at work and receives a premium for driving while at work.

### **Sample Employer Letter 6 – On Call**

We confirm that John Smith is employed with ABC Company as a Labourer. John can be expected to work Monday through Saturday. His earliest start time is 7:00 am and his latest end time is 6:00 pm. John is expected to be on-call in the case of an emergency every second weekend. On-Call duties would start Friday at 6:00 pm and go until Monday at 7:00 am.

### **Sample Employer Letter 7 – On Call**

We confirm that Jane Doe is employed with ABC Company as a Labourer. Jane's schedule rotates and she typically works 6 days a week but Jane may be required to work Monday through Sunday depending on operational demands. Jane's normal shifts start at 8:00 am and go until 8:00 pm. Jane is on call every third week starting Monday at 8:00 am until the following Monday at 8:00 am. Jane is expected to respond 24/7 during while on call.