

CANADIAN AUTOMOBILE ASSOCIATION

CANADIAN INTERNATIONAL DRIVING PERMIT APPLICATION FORM

IMPORTANT: International Driving Permits will be issued only to persons 18 years of age or over who hold full valid Canadian provincial driving licences. This excludes provisional or learner's licences, and licences under suspension. The IDP is valid for one year from date of issue and cannot be issued for any category of vehicle which is not at present covered by the Canadian driving licence. The Canadian IDP is not valid in Canada. Attach 2 signed, full-face passport photographs, fee of \$31.00 CAN and a copy of the front and back of your Canadian driver's licence.

IDP No. _ _ _ _	Issued for C	Category A B C D E	Date	
1. Mr./Ms./Mrs./Miss:				
	_ _ _ _			
Surname (IN BLOCK LETTERS)		Given Name		Initial
2. Place of Birth (if known)				
, •	Town / City)	(Province / St	•	(Country)
3. Date of Birth	 ,	te unknown approximate	age)	
Day Month Year			T-1 / 1 1) 1 1	
4. Home Address in Canada	dence No., Name o		_ Tel. ()	-
(IXES)	defice No., Name c	or offeet & Apt.)		l
(Village / Town / City)	(Prov	rince)	(Postal Code)	
GIVE PARTICULARS OF CANADIAN	DRIVER'S LICENC	E BELOW		
5. Licence No. _ _ _ _ Province				Expiry Date
6. Class No				
7. List any restrictions noted on Canadian licence				
Which of the following vehicles are you permitted to drive in Canada?				
A Motorcycles/Scooters				
B Motor cars and/or light commerc	ial vehicles not exc	ceeding 3500 kg (7700 lbs	s.) gross weight	
C Heavy commercial vehicles exceeding 3500 kg (7700 lbs)				
D Public transportation buses (plea	ase note any restric	ctions in 7 above)		
E Trailers exceeding gross weight	of 750 kg (1650 lbs	s.)		
9. Have you had an IDP before? YES				
10. If YES , give date of issue and IDP	·			
11. State vehicle(s) for which IDP is required				
I hereby certify that the information suspension) Canadian driving licer				
14.				
FOR OFFICE USE ONLY		Signature of Applicant		
		Email address		
	I'd like to pay by credit card: □ VISA □ MC Amount: \$			
	Card Number: _ _ _ _ _ _ _ Expiry Date: _ _ _			
Photograph	Card Holder'	's Signature:		
	FOR OFFICE USE ONLY			
	Issued By Date of Issue (Name of Counsellor)			
	Issued At			
(Name of City or Town)				

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