

FAMILY NAME:

STREET NAME:

へぐて つくし からら ひゃっちゃん ひゃっちゃん かっちゃん Department of Economic Development and Transportation

Ministère du Développement économique et des Transports

APPLICATION FOR GENERAL IDENTIFICATION CARD

Two (2) Pieces of proper identification are required

FIRST NAME:

P.O. BOX #

Version 4 sept. 07

MIDDLE NAME:

TELEPHONE #

| CITY/TOWN: POSTAL CODE: | HSE/LOT # | HOME: (867) - |
|---|---|--|
| DATE OF BIRTH | EYE COLOUR (Circle one) | WORK: (867) - 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: |
| HAVE YOU EVER HAD A DRIVER'S LICENCE? (Circle one) YES / NO | | |
| | | |
| HAVE YOU EVER HAD YOUR DRIVER'S LICENCE SUSPENDED? (Circle one) YES / NO (If yes, give details) | | |
| | | |
| I hereby certify that the information given in this application is true and correct to the best of my knowledge, belief | | |
| and ability. I also certify that I do not have any acceptable photo-identification for travel purposes. | | |
| | | |
| | | |
| SIGNATURE OF APPLICANT | | DATE |
| | | |
| If client under 18 years of age, require signature of client's parent or guardian. | | |
| Parent or guardian must show two (2) acceptable forms of identification. Note: Contact your Regional or Motor Vehicles Headquarter office for assistance | | |
| Note: Contact your Pegional o | r Motor Vobiolos Hoadquarter office for | necistanco |
| | · | assistance |
| Note: Contact your Regional of OFFICE USE ONLY | Card No. | Issue Date:// |
| | · | |
| | Card No. | Issue Date: / / DD MM YYYY |
| OFFICE USE ONLY CHECK TWO (2) NON-PHOTO IDENTIF | Card No. | Issue Date: / / DD MM YYYY ST HAVE DATE OF BIRTH): |
| OFFICE USE ONLY CHECK TWO (2) NON-PHOTO IDENTIF | Card No | Issue Date: / / DD MM YYYY ST HAVE DATE OF BIRTH): |
| OFFICE USE ONLY CHECK TWO (2) NON-PHOTO IDENTIF | Card No | Issue Date: / / DD MM YYYY ST HAVE DATE OF BIRTH): tificate |
| OFFICE USE ONLY CHECK TWO (2) NON-PHOTO IDENTIF Health Care Card Birth (S.I.N. Card Status IF NO ACCEPTABLE NON-PHOTO IDE | Card No | Issue Date: / / DD MM YYYY ST HAVE DATE OF BIRTH): tificate |

Motor Vehicles Division
Dept of EDT
Government of Nunavut
P.O. Box 10
Gjoa Haven, NU X0B 1J0
(867) 360-4615 (867) 360-4619

Kivalliq Region:
Motor Vehicles Division Motor
Dept of EDT
Government of Nunavut
P.O. Bag 002
Rankin Inlet, NU X0C 0G0
(867) 645-8466 (867) 645-8467

Vehicles Division Dept of EDT Government of Nunavut P.O. Bag 1000 Station 1575 Igaluit, NU X0A 0H0

(867) 975-7840 🛮 (867) 975-7820