

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 \$25.00CAN and a copy of the front and back of your Canadian driver's licence.

IDP No. _ _ _ _ _ 1. Mr./Ms./Mrs./Miss:	Issued for Ca	ategory ABCDE Dat	te	
Surname (IN BLOCK LETTERS)		Given Name		l l Initial
2. Place of Birth (if known)				
	age / Town / City)	(Province / State		(Country)
3. Date of Birth	······································	te unknown approximate ag	e)	
Day Month 4. Home Address in Canada	Year	-	Tel. ()	
(Residence No., Name of Street & Apt.)				
(Village / Town / City)	(Provi	ince)	(Postal Code)	
GIVE PARTICULARS OF CANAD	NAN DRIVER'S LICENC	E BELOW		
5. Licence No.				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 commercial vehicles not exceeding 3500 kg (7700 lbs.) gross weight				
C Heavy commercial vehicles exceeding 3500 kg (7700 lbs)				
D Public transportation buses (please note any restrictions in 7 above)				
E Trailers exceeding gross weight of 750 kg (1650 lbs.)				
9. Have you had an IDP before?	YES _ NO _			
10. If YES , give date of issue and IDP number if available				
11. State vehicle(s) for which IDP is required				
12. Departure date from Canada				
13. I hereby certify that the inform suspension) Canadian driving			•	•
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:				
	Issued By	(Name of Counsello	Date	e of Issue
	Issued At			
	(Name of City or Town)			

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