



2811 S. 38th Avenue  
West Richland, WA 99353  
Phone: (509) 430-7474  
msflower@guidinghandscoalition.com

Driver's Licence  
 Identification Card

## Declaration for Proof of Identity

Please print in black or blue ink and print this form single-sided.

### Applicant's Information (must be completed in the presence of the guarantor)

Legal Surname: \_\_\_\_\_ Legal Given Name(s): \_\_\_\_\_

Physical Address (no PO Box #s): \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, Town or Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that I am the individual named above, and that my date of birth and residential address are as stated above, and the signature below is my signature.

I consent to Guiding Hands Coalition collecting the information about me set out under the Applicant's Information section from my guarantor and such other personal information about me from my guarantor or other third parties as necessary to verify my eligibility for the driver's licence or identification card.

Applicant's Signature \_\_\_\_\_ *If Applicant under 18 years of age*  
Legal Guardian(s) Signature: \_\_\_\_\_

### Choosing an Eligible Guarantor

Your guarantor **must**:

1. Be a U.S. Citizen residing in the U.S.
2. Have known you for at least two years
3. Meet the occupation or offices criteria exactly as described
4. Fully complete the Declaration of Guarantor section on the reverse side of this document

**WARNING to all applicants and guarantors** – Any false statement, misrepresentation or concealment of any material fact on this form, or on any other document presented in support of this application, may be grounds for criminal prosecution.

The personal information contained in this form is collected under the authority of section 12 or 150.5 of *The Drivers and Vehicles Act* and under the authority of section 36(b) (information relates directly and is necessary for a program operated by Manitoba Public Insurance) of *The Freedom of Information and Protection of Privacy Act*. The personal information is used to administer the driver's licence or identification card records.

### Declaration of Guarantor (must be fully completed)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Name of Firm/Organization: \_\_\_\_\_ Official Title: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

Knowledge of Applicant (# of Years): \_\_\_\_\_

**\*IMPORTANT\*** You must have at least **TWO** years knowledge of the applicant to be an eligible guarantor.

Place a check mark beside the applicable occupation or office and provide the additional information if requested

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| <p><input type="checkbox"/> 1. Dentist*</p> <p><input type="checkbox"/> 2. Medical Doctor*</p> <p><input type="checkbox"/> 3. Chiropractor*</p> <p><input type="checkbox"/> 4. Judge</p> <p><input type="checkbox"/> 5. Justice of the Peace</p> <p><input type="checkbox"/> 6. Royal Canadian Mounted Police Officer:<br/>Unit Name _____<br/>Detachment _____<br/>Badge # _____</p> <p><input type="checkbox"/> 7. Provincial / Municipal Police Force Officer:<br/>Unit Name _____<br/>Detachment _____<br/>Badge # _____</p> <p><input type="checkbox"/> 8. Military Police Officer:<br/>Unit Name _____<br/>Detachment _____<br/>Badge # _____</p> <p><input type="checkbox"/> 9. Military Commanding Officer:<br/>Unit Name _____<br/>Detachment _____<br/>Badge # _____</p> <p><input type="checkbox"/> 10. Lawyer*</p> <p><input type="checkbox"/> 11. Mayor, reeve or other chief elected<br/>official of municipality: City/<br/>Municipality _____</p> <p><input type="checkbox"/> 12. Minister of religion authorized under the<br/>laws of Manitoba to perform marriages<br/>or authorized to do so under the laws of<br/>another province or territory in Canada:<br/>Name of Religious Organization _____</p> <p><input type="checkbox"/> 13. Notary Public</p> <p><input type="checkbox"/> 14. Optometrist</p> <p><input type="checkbox"/> 15. Pharmacist*: Licence # _____</p> <p><input type="checkbox"/> 16. Postmaster - as designated by the Canada<br/>Post Corporation Act</p> <p><input type="checkbox"/> 17. Principal of a primary or secondary school:<br/>School Division _____<br/>School Name _____</p> | <p><input type="checkbox"/> 18. Teacher of a primary or secondary school:<br/>School Division _____<br/>School Name _____</p> <p><input type="checkbox"/> 19. Professional Accountant – CPA</p> <p><input type="checkbox"/> 20. Professional Engineer</p> <p><input type="checkbox"/> 21. Senior administrator of a university<br/>or community college:<br/>University or college name _____</p> <p><input type="checkbox"/> 22. Teacher at a university or community college:<br/>University or college name _____</p> <p><input type="checkbox"/> 23. Veterinarian*</p> <p><input type="checkbox"/> 24. Chief of a band, as defined in the <i>Indian Act</i><br/>(Canada): Name of First Nation, Tribal<br/>Council or Community _____</p> <p><input type="checkbox"/> 25. Membership clerk of a band, as defined in<br/>the <i>Indian Act</i> (Canada): Name of First<br/>Nation, Tribal Council or Community _____</p> <p><input type="checkbox"/> 26. Member of Parliament</p> <p><input type="checkbox"/> 27. Member of the Legislative Assembly or<br/>Provincial Parliament of another province or<br/>territory of Canada</p> <p><input type="checkbox"/> 28. Federal penitentiary warden:<br/>Name of Institution _____</p> <p><input type="checkbox"/> 29. Social Worker*</p> <p><input type="checkbox"/> 30. Nurse practitioner*</p> <p><input type="checkbox"/> 31. Parole Officer<br/>Employer Name _____</p> <p><input type="checkbox"/> 32. Probation Officer</p> <p><input type="checkbox"/> 33. Corrections Officer – Name of Institution<br/>_____</p> <p><input type="checkbox"/> 34. Other: _____</p> |
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\*Must be registered or licensed in the U.S.

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Notary), \_\_\_\_\_ (numerical date).

### **Certificate of Acknowledgement**

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_

- Personally known to me OR
- Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that her signatures on the instrument the persons or the entity upon behalf of which the persons acted, executed the instrument.

I declare that I am actively employed or engaged in the U.S. in the occupation or office indicated above, and that I am a U.S. citizen. To the best of my knowledge and belief, all of the statements made in this application are true, and the signature is a true representation of the applicants signature. I have known the applicant at least two years.

I authorize Guiding Hands Coalition to take such steps as it considers necessary to verify my authority to act as a qualified guarantor, and to collect my personal information for that purpose. I authorize my employer, my professional association, or my governing body (as the case may be) to disclose such personal information to Guiding Hands Coalition as is necessary to confirm my qualification to act as a guarantor.

Guarantor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ County: \_\_\_\_\_