

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 two signed, full-face passport photographs, fee of \$25.00 CAN and a copy of your Canadian driver's licence.

IDP	No.	Issued for Category A B C D E	Date			
	Mr./Ms./Mrs./Miss:		Given Name			
2.	Place of Birth (if known)	(Village / Town / City)	(Provinc	e / State)	(Country)	
3.	Date of Birth Day Month		·	own approximate age)	(country)	
4.	Home Address in Canada	(Residence No., Name	(Residence No., Name of Street & Apt.)			
	(Village / Town / City)	(Provinc	(Province)		(Postal Code)	
GI	VE PARTICULARS OF CANAI	DIAN DRIVER'S LICENCE BELOW				
5. I	Licence No.		Province		Expiry Date	
6. Class No						
7. List any restrictions noted on Canadian licence						
A B C D	 hich of the following vehicles are you p Motorcycles / Scooters Motor cars and/or light commercia Heavy commercial vehicles excee Public transportation buses (pleas Trailers exceeding gross weight o 	al vehicles not exceeding 3500 kg (7700 lbs.) ding 3500 kg (7700 lbs.) se note any restrictions in 7 above)	gross weight			
10.	-	NO			-	
	.,				_	
13.	I hereby certify that the information co	ontained herein is true and that I am the hold issued by the province of	er and in possession of a cur		-	
14.	Signature of Applicant		FOR OFFICE USE ONL Email address	Y		
		I'd like to pay by credit card:		ount: \$		
		Card Number:			Expiry Date:	
	PHOTOGRAPH	Card Holder's Signature:				
		Due to privacy legislation, if your a receive the application for Internation		sentative of CAA will conta	ct you to obtain your CVV# once they	
		FOR OFFICE USE ONLY				
	·]	Issued By(t	Name of Counsellor)	Date of Issue		
		Issued At	·			
				(Name of City or Town)		

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