Manitoba Public Insurance | Société d'assurance publique du Manitoba

ADMINISTRATIVE SUSPENSION REVIEW

PLEASE READ THIS INFORMATION BEFORE COMPLETING APPLICATION

ISSUES TO BE DETERMINED

The sole issue before the Registrar during a review of an administrative suspension under Section 263.1 (1.1) of The Highway Traffic Act is whether

1) You operated or had care or control of a motor vehicle with an alcohol concentration which exceeded 80 milligrams of alcohol in 100 millilitres of blood or,

2) You operated or had care or control of a motor vehicle and failed or refused to comply with a demand made by a peace officer to submit to testing in order to determine whether the concentration of alcohol in your blood exceeded 80 milligrams of alcohol in 100 millilitres of blood.

3) You operated or had care or control of a motor vehicle and refused to comply with a demand made by a peace officer to submit to a Standard Field Sobriety Test.

Please refer to The Highway Traffic Act for exact wording of the issues to be determined.

IMPORTANT – THE ISSUE OF HARDSHIP CAUSED BY THE SUSPENSION OR DISQUALIFICATION IS OUTSIDE THE SCOPE OF THE REVIEW AND WILL NOT BE CONSIDERED.

FEES AND GENERAL INFORMATION

You are required to complete the application form on the reverse for both written reviews and in person reviews. The prescribed fees are:

(1) written review - $50.00 (2) in person review - $100.00

Application fees are payable to Manitoba Public Insurance and must be cash, certified cheque or money order. (Personal cheques are not accepted).

You are not required to be represented by legal counsel for a written or in person review. However, you may retain a lawyer at your expense.

If you would like a copy of the police report prior to submitting your application contact the originating law enforcement agency.

NOTIFICATION OF DECISION

(1) Written review applications will be considered within 10 days of receipt. You will be notified by certified mail within 7 days of the decision.

(2) Should you wish the review in person, mark the location you prefer on the application form. The department will make every effort to conduct your review within 20 days upon receipt of your application. You will be notified by certified mail of the date, time, and location of the review. The decision will be sent by certified mail within 7 days of your attendance at the review. Should you fail to appear, your opportunity for review will be deemed waived and there will be no refund of review fees paid.

PROCEDURE FOR SUBMITTING AN APPLICATION (APPLICATION ON REVERSE)

(1) Answer those questions which you consider relevant to the issues to be determined. The application may be accompanied by signed or sworn statements or other evidence related to the issues to be determined.

(2) Send your completed application with the prescribed fee to the address indicated below or for further information, please telephone:

Administrative Suspension Review
Driver Improvement and Control
1075 Portage Avenue, Box 6300
Winnipeg, MB. R3C 4A4
Telephone : Winnipeg 985-1989
Rural Manitoba 1-800-665-2670

Ce formulaire existe aussi en française.

Application for Administrative Suspension Review

Manitoba Public Insurance | Société d'assurance publique du Manitoba

UNDER SECTION 263.2(1) OF THE HIGHWAY TRAFFIC ACT, AN APPLICATION FOR REVIEW MAY NOT BE CONSIDERED UNTIL YOUR DRIVER LICENCE OR PERMIT IS SURRENDERED OR A CERTIFICATION THAT THE DRIVER LICENCE OR PERMIT HAS BEEN LOST OR DESTROYED IS SUBMITTED TO THE REGISTRAR.

DVL use only

Receipt # _____

Date Received: _____

PLEASE READ INFORMATION ON REVERSE BEFORE COMPLETING THIS APPLICATION.

PLEASE PRINT

Last Name | First Name | Initial

Res. Phone No. | Bus. Phone No.

No. and Street or Box No.

Date of Birth (Day/Month/Year)

City or Town | Postal Code

Driver Licence Number

Type of Review requested (check one):
- ☐ Written Review $50.00
- ☐ In Person Review $100.00

Location preference for
- ☐ Winnipeg
- ☐ The Pas
- ☐ Brandon
- ☐ Portage La Prairie
- ☐ Dauphin
- ☐ Winkler
- ☐ Thompson
- ☐ Beausejour

I have retained legal counsel for the review ☐ Yes ☐ No

If "YES", give name, address, and telephone number of counsel: _____

Answer those questions which you consider relevant to the determination of this review. You are under no obligation to answer any question but if you fail to do so the information provided may not be sufficient to allow the Registrar to revoke the suspension and reinstate your driving privileges. Should you require additional space for your answers, attach an addition page to the application.

1) Are you the person named as the driver in the Notice and Order of Suspension or Disqualification?

☐ Yes ☐ No If NO, explain _____

2) Did you take a Standard Field Sobriety Test, a breathalyzer test or was a sample of your blood provided for analysis?

☐ Yes ☐ No If NO, explain _____

3) Describe any circumstances relating to the taking of the Standard Field Sobriety Test, breathalyzer test or sample of blood, or if you failed to or refused to take a breathalyzer test or provide a sample of blood, the circumstances relating to that failure or refusal, which you consider relevant for the purpose of this review.

4) Describe any additional circumstances or reasons why you believe the suspension or disqualification of your driving privileges should be revoked and your driving privileges should be reinstated.