



Manitoba Trucking Association

25 Bunting Street,
Winnipeg, Manitoba R2X 2P5

Telephone: 204.632.6600 **Fax:** 204.694.7134 **www.trucking.mb.ca**

MPI ON-LINE DRIVER LICENSE SUSPENSION TOOL

CARRIER ENROLLMENT FORM AND USER AGREEMENT

Full Legal Name of the carrier or related service provider (the “Recipient Carrier”)

Acknowledges that it will hold all Personal Information provided to it by Manitoba Public Insurance or the Manitoba Trucking Association in the strictest of confidence. The Recipient Carrier and its representatives will only access and use the Personal Information for the purpose of ensuring their employees and contractors are properly licensed to operate authorized vehicles. The Recipient Carrier acknowledges it is bound by and will comply with all applicable sections of *The Personal Information and Electronic Documents Act* (S.C. 2000, c. 5).

Manitoba Public Insurance makes no warranty or representation with respect to the Personal Information provided, with respect to its accuracy, completeness or currency, or with respect to its fitness for any particular purpose. Notwithstanding the foregoing, Manitoba Public Insurance shall use all reasonable efforts to ensure that the information is accurate, complete and current.

Neither Manitoba Public Insurance nor its representatives will be liable for any costs, damages, claims, liabilities or demands of any kind, including any claims, liabilities or demands with respect to any injury to persons (including, without limitation, death), damage or loss to property, economic loss, incidental or consequential damages or infringement of rights (including, without limitation, privacy rights), arising directly or indirectly from:

- a) any error, omission or defect in Personal Information;
- b) use by the Recipient Carrier of, or inability to use, the Personal Information; or
- c) failure by Manitoba Public Insurance to provide the Personal Information, or a delay in doing so.

By executing this enrollment form the Recipient Carrier will be able to request and obtain licence status checks in accordance with the Agreement. The Recipient Carrier will ensure it only requests status checks for current employees or contractors who have signed valid consent forms that have been executed by the individual no more than two (2) years prior to the request being made and have not been withdrawn. The individual must be a current employee or contractor of the Recipient Carrier as of the date the request is made. Any Authorized Employee who will have access to the information disclosed by Manitoba Public Insurance and Manitoba Trucking Association must sign a pledge of confidentiality in accordance with Section 6.3 of the Agreement between Manitoba Public Insurance and the Manitoba Trucking Association. This enrollment may be immediately terminated in the event the Recipient Carrier request information about an individual who has not signed a valid consent or who is not currently employed with or under contract with the Recipient Carrier.



This enrollment may be terminated by Manitoba Trucking Association or Manitoba Public Insurance for any reason.

ACCEPTED AND AGREED TO BY RECIPIENT CARRIER on _____ . (date)

For: _____ (Recipient Carrier)

Per: _____ (signature)

Printed Name: _____

Title: _____

(I have the authority to legally bind the Recipient Carrier.)

SCHEDULE C – ENROLLMENT Recipient Carrier Enrollment Form

ENROLLMENT

Full Legal Name of carrier or related service provider (the “Recipient Carrier”)

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- a) any error, omission or defect in the Personal Information;
- b) use by the Recipient Carrier of, or inability to use, the Personal Information; or
- c) failure by Manitoba Public Insurance to provide the Personal Information, or a delay in doing so.

By executing this enrollment form the Recipient Carrier will be able to request and obtain licence status checks in accordance with the Agreement. The Recipient Carrier will ensure it only requests status checks for current employees or contractors who have signed valid consent forms that have been executed by the individual no more than two (2) years prior to the request being made and have not been withdrawn. The individual must be a current employee or contractor of the Recipient Carrier as of the date the request is made. Any Authorized Employee who will have access to the Information disclosed by Manitoba Public Insurance and Manitoba Trucking Association must sign a pledge of confidentiality in accordance with Section 6.3 of the Agreement between Manitoba Public Insurance and the Manitoba Trucking Association. This enrollment may be immediately terminated in the event the Recipient Carrier request information about an individual who has not signed a valid consent or who is not currently employed with or under contract with the Recipient Carrier.



This enrollment may be terminated immediately by Manitoba Trucking Association or Manitoba Public Insurance for any reason.

ACCEPTED AND AGREED TO BY RECIPIENT CARRIER on _____.

For: _____ (*Recipient Carrier*)

Per: _____

Signature

Printed Name:

Title:

(I have the authority to legally bind the Recipient Carrier.)