



APPLICATION FOR 90 DAY TEMPORARY/ DUPLICATE OPERATOR'S LICENCE

In order to apply for a 90-day temporary/duplicate operator's licence, we will need you to fill out and return the attached Application Form.

We will need you to provide us with **two** documents showing **proof of current residency** such as:

- Utility bill such as; ATCO Electric, NorthwesTel (telephone and/or internet), municipal utilities bills (water and sewer/property taxes)
- Bank statement or a stamped banking profile from a local bank, credit card statement
- Mortgage documentation
- Income tax return (notice of assessment) recent year
- Signed residential tenancy agreement
- Social assistance benefit confirmation
- Employment confirmation
- **If you are a Student:** we will need one document showing **proof of current residency** along with a letter from the post-secondary institution you are attending confirming your enrolment.

NOTE: Yukon Health Care cards and cellphone bills cannot be used as proof of Yukon residency.

There is a \$15 fee to obtain the 90-day temporary/duplicate operator's licence, which can be charged to your credit card. Once you return to Yukon, please bring in your 90-day temporary licence to us in order to obtain your Secure Operator's Licence.

Thank you.



APPLICATION FOR 90 DAY TEMPORARY/ DUPLICATE OPERATOR'S LICENCE

Operator Licence #: _____

Full name: _____ Date of birth: YYYY/MM/DD

Security keyword: _____ Date of expected return to Yukon: YYYY/MM/DD
(i.e. usually your mother's maiden name)

Yukon mailing address: _____

Yukon residential address: _____
(must provide actual street address, i.e. mile, km, or description of residential location)

Daytime contact number: _____ Contact email: _____

Reason for request: Lost Stolen Police file #: _____

I hereby make this application to the Yukon Registrar of Motor Vehicles for the issuance of a 90 day temporary duplicate operators licence made under provision 4.1 of the Motor Vehicle Regulations that I am a current resident of the Yukon at the time of making this application

Attached documents proving my current residency are (as per attached instruction sheet):

1. _____
2. _____

By my signature hereon, I declare that all information provided in support of this application is true and correct. I fully understand that any drivers licence issued is subject to medical approval and/or driving record review, and in no way alters, affects or cancels any current prohibition, cancellation or suspension from driving in the Yukon.

Signature _____ Date YYYY/MM/DD

PAYMENTS

There is a \$15.00 fee for a replacement operators licence. All payments payable to Government of Yukon. If mailing your request please pay by cheque or money order to the address below. If faxing your request, upon receipt of this form, Motor Vehicles staff will contact you for payment.

DO NOT ATTACH YOUR PAYMENT INFORMATION TO THIS FORM

There is a 24 to 48 hour turnaround time for faxed/emailed requests.

No cardholder information such as names, account numbers, or other information embossed, encoded or appearing in any manner on the card will be used for any purpose other than in respect to this transaction.

Yukon Motor Vehicles cannot guarantee the confidentiality of an email response. Email is not considered a secure method of communication and personal information could potentially be read by an unauthorized person or persons. Emails sent to and from work computers could potentially be read by an employer and emails sent to a home address may be read by anyone with access to that home computer such as other members of the household. Generally, email is not encrypted and could be intercepted by any of the internet service providers that handle the emails from the sender to the recipient.

Signature _____ Date YYYY/MM/DD

Mail request to:
Yukon Motor Vehicles
Box 2703 W-22, Whitehorse, Yukon Y1A 2C6

Fax request to:
(867) 393-6220
Yukon Motor Vehicles

Email request to:
Fully completed and signed forms can be scanned
and emailed to Motor.Vehicles@gov.yk.ca

PLEASE DO NOT EMAIL CREDIT CARD INFORMATION