

Declaration from a Guarantor
Applicant Information

 Last Name, First Name, Middle Name

 Street No. and Name or Lot, Con. and Twp

 Apt. No.

 City, Town or Village

 Postal Code

 Date of Birth
 Y | M | D

Notice: It is a serious offence to make a false statement on this form. This form may be subject to a follow-up audit. The maximum penalty for making a false statement is \$5,000.00, imprisonment for up to 30 days, a licence or permit suspension for up to six months, or any combination of the above, in addition to any penalties under the Criminal Code of Canada or other laws.

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.

Signature of Applicant _____

Date

 Y | M | D

Guarantor Information - The Guarantor may be contacted by the Ministry to verify the information provided.

Knowledge of the applicant _____ years Please print guarantor name _____

Occupation (see below) _____

Declaration

I solemnly declare that I am a Canadian citizen and, to the best of my knowledge and belief, all of the statements made above by the applicant are true. I further solemnly declare that I have known the applicant personally for at least TWO years and the applicant signed this form in my presence.

Signature of Guarantor _____

Date

 Y | M | D

Guarantor's Business Address: Street No. and Name or Lot, Con. and Twp.

 Apt. No.

 City, Town or Village

 Postal Code

 Guarantor's Business Telephone Number

List of Guarantors (Must be entitled to practice in Canada)

- | | | |
|---|---|--|
| • Dentist, medical doctor or chiropractor | • Notary public | • Professional engineer (P.Eng., Eng. in Quebec) |
| • Judge, Justice of the Peace, police officer (municipal, provincial or RCMP) | • Optometrist | • Professional accountant (member of APA, CA, CGA, CMA, PA or RPA) |
| • Lawyer | • Pharmacist | • Senior administrator or teacher in a community college (includes CEGEPs) |
| • Mayor | • Postmaster | • Senior administrator or teacher in a university |
| • Member of Parliament | • Principal or teacher of primary or secondary school | • Nurse Practitioners: Registered Nurses-Extended Class (RN-EC) |
| • Member of Provincial Parliament | • Veterinarian | |
| • Minister of religion authorized under provincial law to perform marriages | • Federal penitentiary warden | |

Information in this form is collected under the authority of the Highway Traffic Act. If you have any questions about the collection and use of your personal information collected on this form, please call the Supervisor, ServiceOntario at 416 235-2999 or 1 800 387-3445 or write to the Supervisor, Ministry of Transportation, Licensing Administration Office, Main Floor, Building A, 1201 Wilson Avenue, Downsview, Ontario, M3M 1J8. Direct general inquiries to ServiceOntario 416-235-2999 or 1-800-387-3445 or visit www.ServiceOntario.ca.