



Registry of Motor Vehicles

Box 1652, Halifax, Nova Scotia B3J 2Z3

# PHOTO IDENTIFICATION CARD

### Client Name

Client Name(s)		
Client Master Number		Date of Birth

<b>Height</b>  <b>Cm</b> <b>ft/in</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Eye Color:</b> <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Dichromatic <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Green
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### Residence Address

### Mailing Address (if different than residence)

Street Address and Name, Apt No.		Street Address and Name, Apt. No.	
City, Town, or Village	Postal Code	City, Town, or Village	Postal Code

### Proof of Identity Submitted

<input type="checkbox"/> Photo on File Verified <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Enhanced Drivers licence <input type="checkbox"/> Enhanced Photo Identification Card <input type="checkbox"/> Military Identification Card <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Certificate of Canadian Citizenship <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Certificate of Indian Status <input type="checkbox"/> Passport- Canadian <input type="checkbox"/> Passport- Foreign <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Immigration Document IMM _____ <input type="checkbox"/> Health Card with name and signature <input type="checkbox"/> Credit Card with name and signature <input type="checkbox"/> Debit Card with name and signature <input type="checkbox"/> Statutory Declaration (Parent or Guardian) <input type="checkbox"/> Other (Specify) _____
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I hereby certify that the information provided in this application is correct. The undersigned agrees to the delivery of the Photo Identification Card to a central location and will be obtained at said central location where a third party will receive the card on behalf of the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (DD/MM/YY)