

# STATUTORY DECLARATION

IN THE MATTER OF  
A SOCIAL SERVICE PROVIDER PERMIT

I, \_\_\_\_\_ (provide full name),  
of \_\_\_\_\_ (address)  
in the (city or town) \_\_\_\_\_ in the Province of Manitoba,

## DO SOLEMNLY DECLARE THAT:

\_\_\_\_\_ maintains primary care and control of my vehicle bearing licence  
plate number \_\_\_\_\_.

**I make this solemn declaration conscientiously believing it to be true, and knowing that it  
is of the same force and effect as if made under oath.**

Declared before me this \_\_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_ in the year \_\_\_\_\_ in the \_\_\_\_\_ )  
City of Winnipeg in the Province of Manitoba \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

\_\_\_\_\_  
***Signature of Declarant***

A Commissioner of Oaths in and for the  
Province of Manitoba. My Commission  
Expires on \_\_\_\_\_.

**Note: The above section in parenthesis must be completed by a Commissioner of Oaths  
ONLY. A person who knowingly lies under oath may be subject to prosecution under the  
Canadian Criminal Code.**