Inspection and Technical Services
Labour and Immigration
508 - 401 York Avenue
Winnipeg, Manitoba R3C 0P8
T 204-945-3373 **F** 204-948-2089

LICENCE RENEWAL NOTICE

Our records indicate your licence issued under the Electricians' Licence Act with the **Licence ID:** will expire on December 31, 2024. To renew your licence please provide the renewal fee of $160.00 to our office by December 31, 2024.

Inspection and Technical Services offers the following payment options:

- **Online Credit Card Payment Form** available at: https://forms.gov.mb.ca/itsop/
  The electronic online form will only accept Visa or MasterCard. To pay online you will need to enter your licence number found on this renewal letter. A receipt will be sent to the email address you provide on the online form.

- **Credit Card Payment sent by mail**.
  Detach and mail the completed Licence Renewal Form below with the Credit Card Information to
  Inspection and Technical Services
  508-401 York Avenue, Winnipeg, Manitoba R3C 0P8.

- **Cheque or Money Order sent by mail.**
  Detach and mail the completed Licence Renewal Form below with the Cheque or Money Order to
  Inspection and Technical Services
  508-401 York Avenue, Winnipeg, Manitoba R3C 0P8.
  Cheque or Money Order must be payable to the *Minister of Finance*

Only submit one payment and do not send cash by mail. Credit card payment sent via fax or e-mail will not be processed. Once your payment has been processed, **your new licence will be mailed to you within 5 - 7 weeks**.

Please ensure to keep your licence information up-to-date. Send your updated information to TechnicalServices@gov.mb.ca or complete the form below. For additional information on licensing, please visit our website at https://www.gov.mb.ca/labour/its/index.html.

Licence Renewal Form

Inspection and Technical Services
508-401 York Avenue
Winnipeg, Manitoba R3C 0P8

Licence Information	
Licence Holder Name: _____ **Licence Number:** ☐ I wish to renew my licence. ☐ I do not wish to renew my licence. Please cancel my licence. _____ Signature	
Please provide the following information: Mailing Address: _____ Date of Birth (YY/MM/DD): _____ Telephone Number(s): Home # _____ Cell # _____ Email Address: _____ Is this a change of address? ☐ **Yes** ☐ **No**	
Credit Card Authorization for payments by mail only. **Faxed and emailed forms will not be processed.** **Licence Holder Name:** _____ **Licence Number:**	
Name Appearing on Credit Card:	☐ Personal Credit Card ☐ Business Credit Card
Card Holder Signature:	Total Amount Authorized **$160.00**
Type of Credit Card: ☐ *VISA* ***Note:*** *We do not accept Visa Debit or American Express* ☐ *MASTERCARD*	Expiry Date: (MM/YY)_____ CVV _____ (located on back of card)
Credit Card Number:	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Renewal Notice