



Collision Clinic Ltd.
"Enriching Lives" Car Giveaway Program
Recipient Application Form
MONDAY, NOVEMBER 2, 2026, AT 4:30 P.M.

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening/Cell Phone: _____

Driver Information

Driver's license number: _____ Expiration Date: _____ Province: _____

Has your driver's license ever been suspended or revoked? Yes No

Have you had any moving violations, or criminal infractions in the past two years? Yes No

Do you currently have auto insurance? Yes No

Mandatory Information

All applicants **MUST INCLUDE** a current valid driver's license.

All applicants **MUST INCLUDE** a current DMV driving record with this application, which can be obtained online at: <https://www.gov.nl.ca/motorregistration/commercial-vehicles-and-drivers/request-driver-record-abstract/>

Write at least **one page** explaining why the lack of reliable transportation interferes with your current economic status, and how receiving this automobile will help you improve it.

Please supply a copy of your most recent resume.

Please supply the name, address and telephone number of your current employer.

Please supply the names and telephone numbers of a minimum of **two** personal references.

1. _____
2. _____
3. _____

Incomplete Applications Will Not be Considered
Please Ensure You Include All Requirements

*** This event will be covered by the media, requiring you to be interviewed & appear on TV ***

Please fax to (709) 368-8931, or email swells@collisionclinic.com
or mail to Sharon Wells, 685 Topsail Road, St. John's, NL A1E 2E3

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