

# Applikazzjoni għal-Liċenzja biex issuq vettura f'Kategorija A

## Application for a Driving Licence under Category A

<b>Timbru ta' l-iskola tas-Sewqan</b> <i>Stamp of Motoring School</i>
<b>DRV 01</b>



**Transport Malta**

A3 Towers, Triq l-Arkata, Paola PLA 1212

Tel: 2556 0000

Email: [info@transport.gov.mt](mailto:info@transport.gov.mt) Website: [www.transport.gov.mt](http://www.transport.gov.mt)

### Dettalji Personali / Personal Details

Nru tal-Karta ta' l-Identità - *I.D. Card Number*

Titlu (Sinjur/a eċċ) - *Title (Mr/Ms etc)*

Kunjom - *Surname*

Isem - *Name*

Numru / Dar - *No. / House*

Triq - *Street*

Belt / Raħal - *Town / Village*

Kodiċi Postali - *Post Code*

Data u Post tat-Twelid - *Date and Place of Birth*

Nazzjonalità - *Nationality*

Raġel - *Male*       Mara - *Female*

Nru. tat-Telefon - *Telephone No.*

### Dettalji ta' l-Instructor / Instructor Details

(trid timtela biss jekk l-Instructor mhuxwiegħ Instructor reġistrat)  
*(to be completed only if the Instructor is a non-registered Instructor)*

Isem l-Instructor - *Name of Instructor*

Nru. tal-Karta ta' l-Identità - *I.D. Card Number*

Numru tal-Vettura - *Vehicle No.*

TWISSJA lill-applikant -  
Kull sqantija falza, rappreżentazzjoni ħażina, jew ħabi ta' fatti materjali fuq din il-formola, jew xi dokument ipprezentat flimkien ma' din l-applikazzjoni jistgħu jwasslu biex jittieħdu proċeduri kriminali.

**WARNING to all applicants -**  
Any false statements, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.

Tista' tapplika għal Kategorija waħda ma' kull formola ta' applikazzjoni - *You can only apply for one category per application form.*

Hemm ħlas ta' €23.25 għal Applikazzjoni għal-Liċenzja f' din il-kategorija - *There is a payment of €23.25 for the Application for Licence to drive this Category.*

## Għal liema Kategorija qed tapplika ? (iffirma l-għażla tiegħek)

### What Category are you applying for ? (sign where applicable)

Kategorija Category	Deskrizzjoni Description	Firma tal-Kategorija li qed tapplikata ghalija Signature of Category being applied for
<b>AM</b>  Minimu ta' età ta' 16 il sena  <i>Minimum 18 years of age</i>	Mopeds – Vetturi b'żewġ roti jew vetturi bi tlett roti bl-ogħla veloċità maħsuba ta' mhux iżjed minn 45 kilometru fis-siegħa. Kwadriċikletti ħfief li l-ogħla veloċità maħsuba tagħhom ma tkunx aktar minn 45 kilometru fis-siegħa, u li l-ħruġ ta' enerġija ma jkunx iżjed minn 4kW fir-rigward ta' magni b'kombustjoni interna oħra, jew li l-qawwa massima kontinwa tagħhom ma teċċidix 4kW fejn il-mutur tal-vettura jkun jaħdem bl-elettriku.  <i>Two-wheel vehicles (mopeds) or three-wheel vehicles with a maximum design speed of not more than 45 km/h.                      Light quadricycles with a maximum design speed of not more than 45 km/h, and a power output not exceeding 4 kW in the case of other internal combustion engines, or whose maximum continuous rated power does not exceed 4 kW in the case of an electric motor.</i>	
<b>A1</b>  Minimu ta' età ta' 18 il sena  Minimum 18 years of age	(a) <i>Motor cycles</i> b'ċilindrata li ma taqbiżx 125 ċentimetri kubi u forza tal-magna mhux aktar minn 11 kW u bi proporzjon bejn forza u piż li ma jaqbiżx 0.1kW/kg. (b) <i>Motor tricycles</i> b'forza tal-magna ta' mhux iżjed minn 15 kW.  (a) <i>Motorcycles with a cylinder capacity not exceeding 125 cubic centimetres, of a power not exceeding 11 kW and with a power/weight ratio not exceeding 0.1 kW/kg.</i> (b) <i>Motor tricycles with a power not exceeding 15 kW.</i>	
<b>A2</b>  Minimu ta' età ta' 20 sena  Minimum 20 years of age	<i>Motor cycles</i> b'forza tal-magna ta' mhux aktar minn 35 kW u bi proporzjon bejn forza u piż li ma jaqbiżx 0.2 kW/kg u li ma jkunux derivati minn vettura ta' aktar mid-doppju tal-forza tagħha.  <i>Motorcycles of a power not exceeding 35 kW and with a power/weight ratio not exceeding 0.2 kW/kg and not derived from a vehicle of more than double its power.</i>	
<b>A</b> Minimu ta' età ta' 22 sena fejn l-applikant għandu sentejn esperjenza fil-kategorija A2; JEW Li għandu mill-anqas 24 sena jekk l-applikant m'għandhux sentejn esperjenza fil-kategorija A2.  Minimum 22 years of age where applicant has at least 2 years experience in A2; OR At least 24 years of age if applicant does not have at least 2 years experience in A2	<i>Motorcycles.</i>  <i>Motorcycles.</i>	
<b>A</b> Minimu ta' età ta' 21 sena  Minimum 21 years of age	Motor tricycles b'forza ta' iżjed minn 15 kW.  <i>Motor tricycles with a power exceeding 15 kW.</i>	

#### Noti / Notes

- g.v.w. ifisser il-piż gross tal-vettura /g.v.w. means the gross vehicle weight
- It-Test tal-prattika jrid isir b'vettura skont il-kategorija li applikajt ghalha hawn fuq – dan skont Leġislażzjoni Sussidjarja 65.18 - Regolamenti dwar vetturi bil-mutur (liċenzji tas-sewqan) – it-Tielet Skeda (Regolament 26) - *The practical test is to be undertaken according to the category applied for above – this in line with Subsidiary Legislation 65.18 – Motor Vehicles (driving licences) Regulations – Third Schedule (Regulation 26)*
- Jekk tixtieq aħna noffru wkoll xi għajjnuna għat-taħriġ – Noffru ktieb kemm bil-Malti kif ukoll bl-Ingliż li jismu Highway Code (€2.30) bi preparazzjoni għal eżami tat-teorija (li jsir kemm bil-Malti kif ukoll bl-Ingliż) – biex jgħinek fil-preparazzjoni. - *You may wish to consider purchasing our training aids – we have a booklet both in Maltese or English named the Highway Code (€ 2.30) in preparation of your Theory Test (dual language Maltese - English) – these to help assist you in your preparations.*
- Is-sistema tal-penalty point tapplika għal dawk kollha li tinħarġilhom liċenzja ġdida proviżorja għal l-ewwel 3 snin. - *A penalty point system is applicable to all new probationary licences issued for the first 3 years.*

## Iżjed Informazzjoni

### *Further Information*

- Wara din l-applikazzjoni jrid isir l-ezami tat-teorija - irid isir appuntament bill ċempel fuq 21227190 - 27227190 - It-test jiswa €30.25 (€22.50 f'kaz li terga' toqghod għall-ezami).  
*After this application the Theory Test shall need to be done - An appointment for this can be made by calling the Theory test Centre on 21227190 - 27227190 to set an appointment - This costs €30.25 (€22.50 for a resit).*
- Wara din l-applikazzjoni għandek tiegħu taħriġ ma' Skola tas-Sewqan jew *Instructor Privat* (tehtieg assikurazzjoni apposta) li tagħzel int. Dan it-taħriġ għandu jkun immarkat fuq l-*Student Record Sheet*.  
*Following this application you shall undergo training with your chosen Motoring School or private Instructor (specific insurance coverage is needed). Such training is to be marked on the Student Record Sheet.*
- Meta jitlestha t-taħriġ u wiehed ikun lest jersaq għall-ezami, dan għandu jimla u jibgħat il-formola DRV 20 għall-ezami tal-prattika - din il-formola tingabar kemm mill-ufficini tagħna, A3 Towers, Triq l-Arkata, Paola PLA 1212, minghand l-Iskola tas-Sewqan jew inkella mill website <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence>, jew billi ċempel il-*Freephone* 80072309 li immedjatament jibagħtulek formola bil-posta d-dar. Għal dan l-ezami wiehed għandu jhallas €23.25.  
*Once the training is concluded and you are ready to be tested then you shall need to complete and return the DRV 20 form for the Practical Test - the form can be collected from our offices, A3 Towers, Arcade Street, Paola PLA 1212, your Motoring School, or downloaded through our website <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence> or by calling our Freephone on 80072309 who shall immediately mail you an application home. A fee of €23.25 is applicable for the test.*
- La darba tgħaddi mill-ezami trid tmur fid-Direttorat għat-Trasport fuq l-Art, A3 Towers, Triq l-Arkata, Paola PLA 1212, u tippreżenta d-dokument li juri li tkun għaddejt mill-ezami biex tinhariglek il-Licenzja tas-Sewqan (jew tizzied magħha l-kategorija relatata). Immedjatament tinhariglek il-Kontroparti u aktar tard tircievi bil-posta l-Kard tal- Licenzja tas-Sewqan.  
*Once you pass your Test you shall need to come to the Land Transport Directorate, A3 Towers, Arcade Street, Paola PLA 1212, to present your passed test certificate for the issuance of your Driving Licence (or inclusion of the relative category). You shall immediately be issued with a Driving Licence Counterpart and shall receive the Driving licence Card home in due course.*

## Flimkien mal-applikazzjoni tiegħek għal Licenzja jkollok bżonn

### *Together with your application for a licence you require*

- Ritratt bil-kulur ta' kwalità tajba, daqs ta' ritratt tal-passaport (dan ir-ritratt irid juri l-wieċ kollu minn quddiem, mingħajr kappell, elmu jew nuċċali tax-xemx, u fuq sfond ċar). Dan irid jitwaxx bil-kolla fil-post provdut f'din l-applikazzjoni. Tużax *staples* jew *clips* tal-karti.  
*One good quality coloured passport sized photograph (the photograph must show the full frontal face with no hat, helmet or sunglasses, with a light background). It needs to be glued on this application form. Do not use staples or paper clips.*
- Kopja tal-Karta tal-Identità Maltija/Kard ta' Residenza  
*Photocopy of your Maltese Identity Card/Residence Card*
- La darba din l-applikazzjoni tkun proċessata jinhariglek Permess tat-Taħlim li huwa validu għal 3 snin.  
*Once this application is processed we will issue you with a Learner Permit which is valid for 3 years.*
- L-*Informazzjoni* personali mogħtija f' din l-applikazzjoni tiġi pproċessata skont il-provvedimenti tal-Att dwar il-Protezzjoni tad-Data (Kap. 440 tal-Liġijiet ta' Malta) għall-finijiet biss biex tiġi miksuba u tinzamm licenzja tas-sewqan. Inti għandek id-dritt għall-access għall-informazzjoni personali tiegħek u kif ukoll id-dritt li tbidel, jew fejn ikun hemm bżonn, thassar l-informazzjoni personali skoretta, li mhix kompluta jew li mhix meħtieġa, u li tkun se tiġi pproċessata minn Transport Malta. Nawtorizza lil Transport Malta biex tipproċessa l-informazzjoni f' din l-applikazzjoni għar-raġunijiet ta' hawn fuq. *The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act (Cap. 440 of the Laws of Malta) and solely processed for the purpose(s) of acquiring and holding a driving licence. You have the right to request access to your personal data as well as the right to rectify and where applicable, erase any inaccurate, incomplete or immaterial personal data processed by Transport Malta. I do hereby authorise Transport Malta to process the data contained in this form for the above-stated purpose(s).*

# Dikjarazzjonijiet Importanti

## Important Declarations

- Jien hawn taht niddikjara li jekk tiżviluppali xi kundizzjoni medika wara li jinhareg dan il-permess ghat-Tagħlim tas-Sewqan jew wara li tinhariġli l-liċenzja tas-sewqan jien ninforma lid-Direttorat minnufih. Jiena naċċetta wkoll li, f'każ illi l-Awtorita' jkollha raġuni biex taħseb li jiena qed inbati minn xi kundizzjoni medika li tista' taffettwa l-kapaċita' tiegħi għas-sewqan ta' vettura fit-triq jew li minhabba fiha jista' jkun hemm xi perikolu kemm għalija nnifsi jew għal oħrajn, nissottometti ruhi għall-eżami mediku minn tabib inkarigat mill-Awtorita' u li nagħti l-kunsens tiegħi sabiex l-istess tabib ikun jista' jara u jeżamina l-files mediċi tiegħi. *I hereby declare that if I develop a medical condition after the issuance of this Learner Permit, or after the issuance of the Driving Licence, I shall immediately inform the Directorate. I also accept that, in cases where the Authority has any reason to believe that I am suffering from any medical condition that may effect my driving abilities on the road, or in result of which may be of danger to myself or others, I shall attend any medical examination requested by the Authority and hereby give access to the visiting Doctor to access my medical records and file.*
- Jien hawn taht niddikjara li jekk tiżviluppali xi kundizzjoni medika wara li jinhareg dan il-permess ghat-Tagħlim tas-Sewqan jien ninforma lid-Direttorat minnufih. *I hereby declare that if I develop a medical condition after the issuance of this Driving Learners' Permit I shall immediately inform the Directorate.*
- Jien hawn taht niddikjara li m'għandix liċenzja tas-sewqan oħra mahruġa f' pajjiż ieħor. *I hereby declare that I do not hold another driving licence issued by another country*
- Jien hawn taht niddikjara li jien ilni residneti f' Malta għal mill-inqas 185 ġumata fl-aħħar sena tal-kalendarju. *I hereby declare that I have been a resident of Malta for at least 185 days in the last calendar year*
- Jien hawn taht niddikjara li qatt ma kelli Liċenzja tas-Sewqan mahruġa minn Stat Membru ieħor tal-Unjoni Ewropea (jekk xi darba kellek liċenzja ta' Stat Membru tal-Unjoni Ewropea, L-Awstralja jew l-Iżvizzera, allura tkun trid tapplika għal Tibdil tal-Liċenzja). *I declare that I have never held a driving licence in any other Member State (If you ever held a driving licence in a Member State or Australia or Switzerland, then you must apply for the Exchange of Driving Licence).*
- Jien hawn taht nikkonferma li f' dawn l-aħħar 3 snin jien kont residenti fl-Indirizz(i) indikati hawn taht, fil-perjodu stipulat. *I confirm that, during the last 3 years, I have resided in the address(es) indicated below, during the period of time stated.*

Indirizz/Address 1. \_\_\_\_\_  
\_\_\_\_\_ Dati/Dates \_\_\_\_\_

Indirizz/Address 2. \_\_\_\_\_  
\_\_\_\_\_ Dati/Dates \_\_\_\_\_

Indirizz/Address 3. \_\_\_\_\_  
\_\_\_\_\_ Dati/Dates \_\_\_\_\_

- Jien hawn taht niddikjara li qatt ma kelli liċenzja tas-sewqan rifjutata, revokata, mehuda jew sospiza minn Stat Membru jew pajjiż terz. *I declare that I never had a driving licence refused, revoked, withdrawn or suspended by another Member State or third country.*
- Jien hawn taht niddikjara li l-istqarrijiet li għamilt u l-informazzjoni li tajt f' din l-applikazzjoni huma korretti u veri. Nifhem li jistgħu jittiehdu proceduri kriminali kontra tiegħi jekk xi dettalji huma foloz jew jiżgwidaw. *I hereby declare that the statements made and information given in this application are correct and true. I understand that criminal action may be taken against me if any of the details are false or misleading.*
- Jekk għandek xi riservi dwar xi waħda mid-dikjarazzjonijiet hawn fuq imsemmija jekk jogħgbok għid hawn taht dwar liema u għaliex. *If you have any reservations about any of the declarations mentioned above please advise for which, and why, below*

\_\_\_\_\_  
\_\_\_\_\_



Jekk jogħgbok iffirma b'linka sewda fil-kaxxa <i>Please sign in black ink within the box</i>

# Medical Certificate



Applicant's Full Name \_\_\_\_\_ ID Card Nr \_\_\_\_\_ Driving Category \_\_\_\_\_

**Applicant's health:** *(please refer to your doctor for any explanation of medical terms)*

Have you ever had, or do you currently suffer from any of the following conditions? **Yes**  **No**

If you have answered 'Yes', please Mark  in all the appropriate boxes.

1. Diabetes controlled by insulin / Any episodes of hypoglycaemia in the past 12 months
2. Epilepsy
3. Any condition affecting one or both eyes  
*(Not including colour blindness or short or long sight)*
4. Any condition which affects your visual field or acuity  
*(apart from wear glasses or corrective lenses)*
5. Unstable angina (chest pain)
6. Stroke with any symptoms lasting longer than one month
7. Fits or blackouts
8. Any type of brain surgery, severe head injury involving in-patient treatment or brain tumor
9. Any serious arrhythmia or an implanted cardiac pacemaker or defibrillator (ICD)
10. Repeated attacks of sudden disabling giddiness
11. Any other chronic neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's Disease
12. A serious problem with memory or periods of confusion
13. Persistent alcohol misuse or dependence
14. Persistent drug misuse or dependence
15. Serious psychiatric illness or ill health
16. Parkinson's disease
17. Narcolepsy
18. Sleep Apnoea syndrome
19. Any persisting limb problem which needs driving to be restricted to certain types of vehicles or those with adapted controls
20. Severe learning disability

Have you informed Transport Malta of this condition before? **Yes**  **No**

Has this condition got worse? **Yes**  **No**

I declare that, to the best of my knowledge and belief, the above information and any further information I will give to the medical doctor about my Fitness to Drive is true, correct and complete.

I understand that it is a criminal offence to make a false declaration or fail to provide information to get a driving licence and to do so can lead to prosecution and a penalty of imprisonment or fine as stipulated at law.

I authorise my Doctor(s) and Specialist(s) to release reports/medical information about my condition relevant to my Fitness to Drive to Transport Malta.

I authorise Transport Malta to disclose such relevant information as may be necessary to the investigation of my Fitness to Drive to Medical Doctors and Health Authorities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Medical Doctor to answer the following by ticking the appropriate box

Applicant's Full Name \_\_\_\_\_ ID Card Nr \_\_\_\_\_ Driving Category \_\_\_\_\_

<p><b>Eyesight *</b> his/her visual acuity for driving purposes only is:</p> <p>Left ..... Right ..... (Snellen) Aided <input type="checkbox"/> Unaided <input type="checkbox"/></p> <p>Any Visual Acuity problems Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any condition affecting Peripheral Vision Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any condition affecting both eyes (not including colour blindness, short or long sight) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Diabetes Mellitus</b> Is the patient on Insulin Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any episodes of hypoglycaemia in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Hearing</b> hears a conversational speech from a distance of ..... metres</p> <p>Aided <input type="checkbox"/> Unaided <input type="checkbox"/></p> <p>Any hearing impairment Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Neurological *</b> Any neurological conditions such as Multiple Sclerosis, Motor Neuron Disease, Parkinson's Disease or Huntington's Disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any history of Stroke or Tia Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Locomotor</b> Any static handicap Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any progressive condition Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Mental Disorders</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent <b>Alcohol</b> misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent <b>Drug</b> misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Cardiovascular</b> Any serious arrhythmia Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any implanted cardiac pacemaker or defibrillator Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any unstable angina Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Chronic Renal Conditions</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any <b>Organ</b> transplant or artificial implant Yes <input type="checkbox"/> No <input type="checkbox"/></p>

NOTE: The conditions above that are marked with an \* may require referral to and certification by another specialist.

Please refer to the list (printed on following page) of Information Codes, Driver (Medical Reasons) and insert hereunder the Code(s) applicable.

If applicable, please tick box and indicate number of years

In relation to a condition noted above, this certificate is valid only for a period of  Year(s) and the applicant is to be re-visited and re-certified after that period of time.

If applicable, please tick box:

- Driving is to be restricted to certain types of vehicles with an automatic gearbox.
- Driving to be restricted to certain types of vehicles with adapted controls.

<p>Certification is to be kept <b>pending</b>. Specialist referral has been made for further assessment.</p>	<p>I certify that I have examined the applicant in accordance with the Subsidiary Legislation 65.18 Motor Vehicles (Driving Licences) Regulations, 8th Schedule, and I declare that he/she is considered:</p>	
	<p><b>FIT TO DRIVE</b></p>	<p><b>NOT FIT TO DRIVE</b></p>
<p>_____</p> <p>Date                      Doctor's Signature, Stamp and Reg. No</p>	<p>_____</p> <p>Date                      Doctor's Signature, Stamp and Reg. No</p>	<p>_____</p> <p>Date                      Doctor's Signature, Stamp and Reg. No</p>

## List of Information Codes, Driver (Medical Reasons)

[SUBSIDIARY LEGISLATION 65.18 MOTOR VEHICLES (DRIVING LICENCES) REGULATIONS 7<sup>th</sup> Schedule]

- 01. Sight correction and/or protection
  - 01.01 Glasses
  - 01.02 Contact lense(s)
  - 01.03 Protective glass
  - 01.04 Opaque lense
  - 01.05 Eye cover
  - 01.06 Glasses or contact lenses
  
- 02. Hearing aid/communication aid
  - 02.01 Hearing aid for one ear
  - 02.02 Hearing aid for two ears
  
- 03. Prosthesis/orthosis for the limbs
  - 03.01 Upper limb prosthesis/orthosis
  - 03.02 Lower limb prosthesis/orthosis
  
- 05. Limited use (subcode use obligatory, driving subject to restrictions for medical reasons)
  - 05.01 Limited to day time journeys (for example: one hour after sunrise and one hour before sunset)
  - 05.02 Limited to journeys within a radius of ... km from holder's place of residence or only inside city/region
  - 05.03 Driving without passengers
  - 05.04 Limited to journeys with a speed not greater than ... km/h
  - 05.05 Driving authorised solely when accompanied by a holder of a driving licence
  - 05.06 Without trailer
  - 05.07 No driving on motorways
  - 05.08 No alcohol