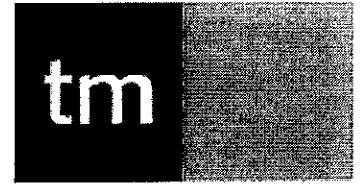


**Applikazzjoni għal-Liċenzja biex issuq vettura f'Kategorija A**  
**Application for a vehicle Driving Licence under Category A**

Timbru tal-Iskola tas-Sewqan  
Stamp of Motoring School



Transport Malta

**DRV 01**

Hornworks Ditch, Floriana FRN 1221, Tel 2556 0000, Fax 2123 1685  
Email info@transport.gov.mt Website www.transport.gov.mt

**Dettalji Personali - Personal details**

Nru tal-Karta tal-Identità – I.D. Card Number

Titlu (Sinjur/a eċċetra) – Title (Mr/Ms etc)

Kunjom – Surname

Isem – Name

Numru /Dar – No./House

Triq – Street

Belt /Raġal – Town /Village

Kodiċi Postali – Postcode

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

Nazzjonalità – Nationality

Raġel – Male  Mara – Female

Nru. Tat-Telefon – Telephone No.

**Dettalji tal-Instructor - Instructor details**

(Trid timtela biss jekk l-Instructor mhux Instructor registrat – To be completed only if the Instructor is a non-registered Instructor)

Isem l-Instructor – Name of Instructor

Nru tal-Karta tal-Identità' – I.D. Card Number

Numru tal-Vettura – Vehicle No.

**TWISSIJA lill-Applikant-**

Kull stqarrija falza, rappreżentazzjoni ħażina jew haġi ta' fatti materjali fuq din il-formola jew xi dokument ipprezentat flimkien ma' din l-applikazzjoni tista' tagħti lok għal passi 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
AM  Minimu ta' età ta' 16 il sena  Minimum 18 years of age	<p>Mopeds – Vetturi b'żewġ roti jew vetturi bi tlett roti bl-ogħla veloċità maħsuba ta' mhux iżjed minn 45 kilometru fis-siegħa.</p> <p>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.</p> <p><i>Two-wheel vehicles (mopeds) or three-wheel vehicles with a maximum design speed of not more than 45 km/h.</i></p> <p><i>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></p>	
A1  Minimu ta' età ta' 18 il sena  Minimum 18 years of age	<p>(a) <i>Motor cycles 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.</i></p> <p>(b) <i>Motor tricycles b'forza tal-magna ta' mhux iżjed minn 15 kW.</i></p> <p>(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></p> <p>(b) <i>Motor tricycles with a power not exceeding 15 kW.</i></p>	
A2  Minimu ta' età ta' 20 sena  Minimum 20 years of age	<p><i>Motor cycles 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 jkunx derivati minn vettura ta' aktar mid-doppju tal-forza tagħha.</i></p> <p><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></p>	
A  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	<p><i>Motorcycles.</i></p> <p><i>Motorcycles.</i></p>	
A  Minimu ta' età ta' 21 sena  Minimum 21 years of age	<p><i>Motor tricycles b'forza ta' iżjed minn 15 kW.</i></p> <p><i>Motor tricycles with a power exceeding 15 kW.</i></p>	

#### Noti / Notes

- g.v.w. ifisser il-piż gross tal-vettura *lg.v.w. means the gross vehicle weight*
- It-Test tal-prattika jrid isir b'vettura skont il-kategorija li applikajt għaliha hawn fuq – dan skont Legislazzjoni 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 għajnuna 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 isir l-eżami tat-teorija – dan billi wieħed iċempel fuq 21227190 - 27227190 biex jagħmel appuntament – Dan jiswa €30.25 (€22.50 f'kaz li jerga jsir).

*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 re-sit).*

- Wara din l-applikazzjoni wieħed jgħaddi wkoll minn taħriġ mal-Motoring School jew l-Instructor Privat (hemm bżonn insurance apposta). Dan it-taħriġ għandu jkun mmarkat 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 it-taħriġ ikun lest u wieħed ikun jixtieq jersaq għal eżami, dan għandu jimla il-formola DRV 20 għal l-eżami tal-prattika – din il-formola tista tingabar kemm mill-uffiċini tagħna Hall C Hornworks Ditch Floriana, mingħand il-Motoring School tiegħek jew inkella mill-website <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence> jew billi iċempel il-Freephone 80072309 li immedjatament jibagħtulek formola bil-posta id-dar. Għal dan l-eżami wieħed 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 at Hall C Hornworks Ditch Floriana, your Motoring School, or downloaded through our website <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence> or by call 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-eżami trid tigi id-Direttorat għat-Trasport fuq l-Art, Hall C, Hornworks Ditch Floriana, miegħek tipprezenta d-dokument li tingħata meta tkun għaddejti l-eżami biex tinħareġ il-Liċenzja tas-Sewqan (jew tiżdied il-kategorija relatata). Immedjatament tinħariglek il-Kontraparti u aktar tard tirċievi bil-posta il-Card tal-Liċenzja tas-Sewqan id-dar.

*Once you pass your test you shall need to come to the Land Transport Directorate, Hall C, Hornworks Ditch Floriana 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 Liċenzja ikollok bżonn Together with your application for a license you require

- Ritratt bil-kulur ta' kwalita' tajba, daqs ta' ritratt tal-passaport (dan ir-ritratt irid juri il-wiċċ kollu mill-faċċata u ma jkunx bil-kappell, helmet jew nuċċali tax-xemx, l-isfond irid ikun ċar). Dan irid jitwañħal bil-kolla fil-post approvdut f'din il-formola. Tużax staples jew klippa 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 in the space provided in this application form. Do not use staples or paper clips.*

- Kopja tal-Karta tal-Identità Maltija

*Photocopy of your Maltese Identity Card*

- La darba din l-applikazzjoni tkun proċessata noħorgulek Permess tat-Tagħlim 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.*

## Dikjarazzjonijiet Importanti Important Declarations

- L-informazzjoni personali mogħtija f'din l-applikazzjoni tiġi proċessata skont il-provvedimenti tal-Att dwar il-Protezzjoni tad-Data (Kap. 440 tal-Liġijiet ta' Malta) għall-finijiet biss biex tiġi miksuba u tinzamm liċenzja tas-sewqan. L-informazzjoni personali tiegħek ma tiġix mgħoddija lil terzi persuni mingħajr il-kunsens espliċitu tiegħek, sakemm dan ma jkunx strettament mitlub mil-liġi. Inti għandek id-dritt għall-aċċess għall-informazzjoni personali tiegħek u kif ukoll id-dritt li tbidel, jew fejn ikun hemm bżonn, tħassar l-informazzjoni personali skorretta, li mhix kompluta jew li mhix bżonjuża, u li tkun se tiġi proċessata 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. Your personal information will not be disclosed to third parties without your express consent unless this will be strictly required by law. 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)."*

- Jien hawn taħt niddikjara li jekk tiżviluppali xi kundizzjoni medika wara li jinħareġ dan il-permess għat-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 taħt niddikjara li m'għandiex liċenzja tas-sewqan oħra maħruġa f'pajjiż ieħor  
*I hereby declare that I do not hold another driving licence issued by another country.*
- Jien hawn taħt niddikjara li jien iini residenti f'Malta mhux anqas minn 185 gurnata fl-aħħar sena tal-kalendarju  
*I declare that I have been a resident of Malta for at least 185 days in the last calendar year*
- Jien hawn taħt niddikjara li qatt ma kont f'pussess ta' Liċenzja tas-Sewqan maħruġa minn Stat Membru ieħor (jekk qatt kont fil-pussess ta' liċenzja ta' Stat Membru ieħor, L-Awstralja jew l-Iżviżżera, allura tkun trid tapplika għal Tbidil 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 taħt nikkonferma li f'dawn l-aħħar 3 snin jien kont residenti fl-indirizz (i) indikati hawn taħt, 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 taħt niddikjara li qatt ma kelli liċenzja tas-sewqan rifjutata, rivokata, meħuda jew sospiza minn pajjiż Stat Membru ieħor 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 taħt niddikjara li l-istqarrijiet li għamilt u l-informazzjoni li tajt f'din l-applikazzjoni huma korretti u veri. Nifhem li jistgħu jittieħdu proċeduri 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 jogħġbok għid dwar liema u għaliex.  
*If you have any reservations about any of the declarations mentioned above please advise for which, and why, below*

Waħhal ir-ritratt  
hawnhekk  
Glue Photo Here

Tużax staples  
Do not use staples

Jekk jogħġbok iffirma b'inka sewda fil-kaxxa  
Please sign in black ink within the box

# 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>Mental Disorders</b> 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>Any persistent Alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent Drug 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 Organ 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 is 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>Date _____ Doctor's Signature, Stamp and Reg. No _____</p>	<p>Date _____ Doctor's Signature, Stamp and Reg. No _____</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