

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

## Application for a Driving Licence under Category D

Timbru ta' l-Iskola tas-Sewqan <i>Stamp of Motoring School</i>
<b>DRV 04</b>



**Transport Malta**

Hornworks Ditch, Floriana FRN 1221, Tel 2556 0000, Fax 2123 1685  
 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-Identita' - 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

Nazzjonalita' - Nationality

Raġel - Male     
  Mara - Female

Nru. Tat-Telefon - Telephone No.

### Dettalji ta' l-Instructor - Instructor details

(Trid timtela biss jekk l-Instructor mhux iċ-ċertifikat / Instructor registered) *To be completed only if the Instructor is a non-registered Instructor*

Isem l-Instructor - Name of Instructor

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

Numru tal-Vettura - Vehicle No.

**TWISSIJA lill-Applikant-**  
 Kull stqarrija falza, rappreżentazzjoni hażina jew habi 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 hlas 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.*

**Ghal liema Kategorija qed tapplika ? (iffirma l-ghazla tieghek)**  
**What Category are you applying for ? (sign where applicable)**

Kategorija Category	Deskrizzjoni Description	Firma tal-Kategorija li qed tiġi applikata Signature of Category being applied for
D1  Minimum 21 years of age, OR  20 years if a holder of Driver CPC	Vetturi bil-mutur maħsuba u mibnija għall-ġarr ta' mhux aktar minn 16-il passiġġier minbarra s-sewwieq u b'tul massimu li ma jkunx aktar minn 8 metri. Vetturi bil-mutur f'din il-kategorija jistgħu jiġu kombinati ma' karru li jkollu massa massima awtorizzata ta' mhux iżjed minn 750 kgs.  <i>Motor vehicles designed and constructed for the carriage of no more than 16 passengers in addition to the driver and with a maximum length not exceeding 8 metres. Motor vehicles in this category may be combined with a trailer having a maximum authorised mass not exceeding 750 kg.</i>	
D1E  Minimum 21 years of age, OR  20 years if a holder of Driver CPC	Mingħajr preġudizzju għad-dispożizzjonijiet dwar l-approvazzjoni tat-tip tal-vetturi kkonċernati, kombinazzjonijiet ta' vetturi fejn il-vettura li tiġbed tkun fil-kategorija D1 u l-karru tagħha jkollu massa massima awtorizzata ta' iżjed minn 750 kg.  <i>Without prejudice to the provisions of type-approval rules for the vehicles concerned, combinations of vehicles where the tractor vehicle is in category D1 and its trailer has a maximum authorised mass of over 750 kg.</i>	
D  Minimum 24 years of age, OR  21 years if a holder of Driver CPC	Vetturi bil-mutur li jkunu maħsuba u mibnija għall-ġarr ta' aktar minn 8 passiġġieri minbarra s-sewwieq, vetturi bil-mutur li jistgħu jiġu misjuqa b'licenzja tal-kategorija D jistgħu jiġu kombinati ma' karru li jkollu massa massima awtorizzata ta' mhux iżjed minn 750 kg.  <i>Motor vehicles designed and constructed for the carriage of more than eight passengers in addition to the driver; motor vehicles which may be driven with a category D licence may be combined with a trailer having a maximum authorised mass which does not exceed 750 kg.</i>	
DE  Minimum 24 years of age, OR  21 years if a holder of Driver CPC	Mingħajr preġudizzju għad-dispożizzjonijiet dwar l-approvazzjoni tat-tip tal-vetturi kkonċernati, kombinazzjonijiet ta' vetturi fejn il-vettura li tiġbed tkun fil-kategorija D u l-karru tagħha jkollu massa massima awtorizzata ta' iżjed minn 750 kg.  <i>Without prejudice to the provisions of type-approval rules for the vehicles concerned, combinations of vehicles where the tractor vehicle is in category D and its trailer has a maximum authorised mass of over 750 kgs.</i>	

Noti / Notes

- g.v.w. ifissir il-piz gross tal-vettura /g.v.w. means the gross vehicle weight
- It-Test tal-prattika jrid isir b'vettura skond il-kategorija li applikajt għaliha hawn fuq – dan skond Legislazzjoni Sussidjarja 65.18 - Regolamenti dwar vetturi bil-mutur (licenzji 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 ahna noffru wkoll xi għajnuna għat-taħrig – 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.*
- Jekk l-intenżjoni tiegħek hija li la darba tgħaddi mit-Test taħdem bħala xufier b'kiri jew kumpens allura jkun hemm bżonn li timla l-formola' DPA 12 għal dan il-Permess. Ikun hemm bżonn ukoll li jkollok Ċertifikat ta' Kompetenza Professjonali (CPC) għax-xuffiera ta' vetturi għall-Ġarr ta' Passiġġieri sabiex tkun tista' taħdem. - *If it is your intention to work as a driver for Hire or Reward once you pass from your Test, then you shall need to complete the application form DPA12 for this Permit. You shall also require a Certificate of Professional Competence (Driver CPC for Passenger Transport Vehicles) to be able to work.*
- Is-sistema tal-penalty point tapplika għal dawk kollha li tinharġilhom licenzja għida provizorja 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 wiehed icempel fuq 21227190 - 27227190 biex jagħmel appuntament – Dan jiswa €30.25 (€22.50 f'każ li jerġa 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 wiehed 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 coverag e is needed). Such training is to be marked on the Student Record Sheet.*

- Meta it-taħriġ ikun lest u wiehed 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, minghand il- Motoring School tiegħek jew inkella mill-website <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence> jew billi icempel il-Freephone 80072309 li immedjatament jibagħtulek formola bil-posta id-dar. Għal dan l-eżami 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 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 tiġi id-Direttorat għat-Trasport fuq l-Art, Hall C, Hornworks Ditch Floriana, miegħek tippreżenta d-dokument li tingħata meta tkun għaddejti l-eżami biex tinhareġ il-Liċenzja tas-Sewqan (jew tizzied il-kategorija relatata). Immedjatament tinhariġlek 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 ma' l-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-wieċ kollu mill-faċċata u ma jkunx bil-kappell, helmet jew nuċċali tax-xemx, l-isfond irid ikun ċar). Dan irid jitwajjal bil-kolla fil-post approvdut aktar l-isfel f' din il-faċċata. 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 at the bottom of this page. Do not use staples or paper clips.*

- Kopja tal-Karta ta' l-Identita' 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 mghoddja lil terzi persuni mingħajr il-kunsens esplicitu 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 tbiddel, jew fejn ikun hemm bżonn, thassar 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 taht niddikjara li jekk tiżviluppali xi kundizzjoni medika wara li jinhareġ 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 taht niddikjara li m'għandix liċenzja tas-sewqan ohra 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 residenti f'Malta għal almenu 185 ġurnata 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 taht niddikjara li qatt ma kont f'pussess ta' Liċenzja tas-Sewqan mahruġa 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 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-indirizzi 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.*

Address 1. \_\_\_\_\_ Dates \_\_\_\_\_

Address 2. \_\_\_\_\_ Dates \_\_\_\_\_

Address 3. \_\_\_\_\_ Dates \_\_\_\_\_

- Jien hawn taht niddikjara li jekk għandi liċenzja mahruġa f'pajjiż terz jien nagħti din il-liċenzja tas-sewqan lill-Awtorita' - I declare that if I hold a driving licence in a third country I shall withdraw the driving licence to the Authority
- Jien hawn taht niddikjara li qatt ma kelli liċenzja tas-sewqan rifjutata, rivokata, mehuda jew sospiża 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 taht niddikjara li l-istqarrijiet li għamilt u l-informazzjoni li tajt f'din l-applikazzjoni huma korretti u veri. Nifhem li jistghu 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 jogħbok għid dwar liema u għaliex.  
*If you have any reservations about any of the declarations mentioned above please advise for which, and why, below*

Wahhal ir-ritratt  
hawnhekk  
Glue Photo Here

Tużax staples  
Do not use staples

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

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>Mental Disorders 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 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> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><b>FIT TO DRIVE</b></td> <td style="width: 50%; text-align: center;"><b>NOT FIT TO DRIVE</b></td> </tr> <tr> <td style="text-align: center;">Date _____ Doctor's Signature, Stamp and Reg. No _____</td> <td style="text-align: center;">Date _____ Doctor's Signature, Stamp and Reg. No _____</td> </tr> </table>	<b>FIT TO DRIVE</b>	<b>NOT FIT TO DRIVE</b>	Date _____ Doctor's Signature, Stamp and Reg. No _____	Date _____ Doctor's Signature, Stamp and Reg. No _____
<b>FIT TO DRIVE</b>	<b>NOT FIT TO DRIVE</b>				
Date _____ Doctor's Signature, Stamp and Reg. No _____	Date _____ Doctor's Signature, Stamp and Reg. No _____				

## 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