

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

Din hija Kategorija nazzjonali u valida BISS g[al Malta
This is a national Category and valid ONLY in Malta

Timbru tal-Iskola tas-Sewqan
Stamp of Motoring School



Transport Malta

DRV 05

A3 Towers, Arcade Street, Paola PLA 1212 Tel 2556 0000
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 /Raħal – 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 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 ħabi ta' fatti materjali fuq din il-formola jew xi dokument ippreżentat 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.

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 for Category being applied for
g Minimu ta' età ta' 18 il sena Minimum 18 years of age	Agricultural Tractors	

Iżjed Informazzjoni - Further Information

- It-Test tal-prattika jrid isir b'vettura skont il-kategorija li applikajt ghalha 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.*
- 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'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 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 A3 Towers, Triq L-Arkata, Paola PLA 1212, 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 jibaghtulek 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 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 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, A3 Towers, Triq L-Arkata, Paola PLA 1212, miegħek tippreżenta d-dokument li tingħata meta tkun għaddejt l-eżami biex tinħareġ il-Liċenzja tas-Sewqan (jew tiżdied il-kategorija relatata). Immedjatament tinħariġlek il-Kontraparti u aktar tard tircievi 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, 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 Liċenzja ikollok bżonn Together with your application for a license you require

- Ritratt recenti 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 jitwaħħal bil-kolla fil-post ipprovdut f'din il-formola. Tużax staples jew klippa tal-karti.
One recent 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 ta-Identità Maltija / Kard ta' Residenza - Photocopy of your Maltese Identity Card / Residence Card
- La darba din l-applikazzjoni tkun proċessata noħorġulek 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-provedimenti tal-Att dwar il-Protezzjoni tad-Data (Kap. 440 tal-Liġijiet ta' Malta) għall-finijiet biss biex tiġi miksuba u tinzamm liċenzja tas-sewqan. 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. 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 tizviluppali xi kundizzjoni medika wara li jinhareg dan il-permess għat-Tagħlim tas-Sewqan jew wara li tinharigli l-liċenzja tas-sewqan jien ninforma lid-Direttorat minnufih. Jiena naccetta wkoll li, f'kaz illi l-Awtorita' jkollha raġuni biex taħseb li jiena qed inbati minn xi kundizzjoni medika li tista' taffettwa l-kapacita' 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-ezami mediku minn tabib inkarigat mill-Awtorita' u li nagħti l-kunsens tiegħi sabiex l-istess tabib ikun jista' jara u jezamina l-files medici 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.

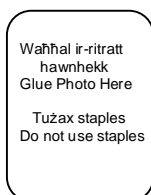
- Jien hawn taħt niddikjara li m'għandiex liċenzja tas-sewqan oħra maħruġa f'pajjiż ieħor
I hereby declare that I do not hold another driving licence issued by another country.
- Jien hawn taħt niddikjara li jien ilni residenti f'Malta mhux anqas minn 185 ġurnata fl-aħħar sena tal-kalendarju
I declare that I have been a resident of Malta for at least 185 days in the last calendar year
- Jien hawn 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 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 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 jittiehdu proceduri kriminali kontra tiegħi jekk xi dettalji huma foloz jew jżgwidaw.
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



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>Eyesight * 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>Diabetes Mellitus 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>Hearing 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>Neurological * 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>Locomotor 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>Mental Disorders 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>Cardiovascular 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>Chronic Renal Conditions 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 pending. 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">FIT TO DRIVE</td> <td style="width: 50%; border: none; text-align: center;">NOT FIT TO DRIVE</td> </tr> <tr> <td style="border: none; text-align: center;"> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p> </td> <td style="border: none; text-align: center;"> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p> </td> </tr> </table>	FIT TO DRIVE	NOT FIT TO DRIVE	<p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>	<p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>
FIT TO DRIVE	NOT FIT TO DRIVE				
<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 7th 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