

Civil Aviation Directorate

Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta. Tel: +356 2555 5000 cadpel.tm@transport.gov.mt www.transport.gov.mt

WARNING TO ALL APPLICANTS – Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.

Data Protection Notice - All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be granted to other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

**FI(H) Certificate
Application Form**

Licence Type /No:

To be completed by the applicant

Last and First Name: _____

Date of Birth dd/mm/yyyy: _____ Nationality: _____

Place and Country of Birth _____ Age: _____ (Minimum 18 years)

email: _____

Address: _____

Telephone Number (Home): _____ (Mobile): _____

Class of Medical Certificate held: _____ Valid until Date: _____ / _____ / _____

Licence held: PPL(H) CPL(H) ATPL(H) TR: _____ Valid until: _____

TR: _____ Valid until _____ TR: _____ Valid until: _____

TR: _____ Valid until _____ TR: _____ Valid until: _____

Part-FCL theoretical knowledge exams passed and valid: CPL(H) ATPL(H) Passed on date: _____

Initial Issue

I am applying for a Flight Instructor Certificate:

Initial Issue (Appendix 1)

for

LAPL only LAPL and PPL (Appendix 2)

Revalidation and Renewal

I am applying for Revalidation (Appendix 8) Renewal (Appendix 8) of my FI (H) Certificate

Extension of Privileges

I am applying to extend the privileges of my Flight Instructor Certificate in accordance with Part-FCL:

FCL.910.FI Removal of Supervisory Restriction (Appendix 3 & 9)

FCL.905.FI(e) CPL (Appendix 3)

FCL.905.FI(f) Night Rating (Appendix 4)

FCL.905.FI(h) SE IR (Appendix 5) ME IR (Appendix 5) FCL.905.FI(i) SPH ME (Appendix 6)

FCL.905.FI(j) FI (Appendix 7)

Signature of Applicant: _____ Date of Signature: _____

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Appendix 1
Initial Issue for the FI

Applicant's Full Name and Licence No:

To be completed by the applicant – FI initial issue

Instrument flight instruction on helicopters hours: _____ *Minimum 10 hours*

of which instrument ground time in an FSTD hours: _____ *Maximum 5 hours*

VFR cross-country as PIC on helicopters hours: _____ *Minimum 20 hours*

Total flight time as pilot on helicopters hours: _____ *Minimum 250 hours*

of which, if the applicant holds at least a CPL(H), PIC hours: _____ *Minimum 100 hours,*

or, if the applicant holds at least a PPL(H) and has passed the CPL theoretical knowledge examination, PIC hours
_____ *Minimum 200 hours*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO conducting the training- FI Pre-Entry Flight Test

I recommended (name) _____ for the Flight Instructor Course.

Date of satisfactory pre-entry flight test: _____

Name of FI qualified in accordance with FCL.905.FI(j) who conducted:

Note: The pre-entry flight test must be within six (6) months proceeding start of course.

flight test : _____

Licence Number: _____ Competent Authority issuing Licence: _____

Approved Training Organisation (ATO): _____ ATO Certificate No: _____

Competent Authority issuing ATO Certificate: _____

Signature (FI who conducted flight test): _____ Date: _____

To be completed by the ATO - FI Course

The ATO confirms that the candidate has been trained according to the approved syllabus for the FI(H) in accordance with Part-FCL, and assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate: _____

FSTD Certificate number: _____

Competent Authority issuing FSTD Qualification certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Teaching and learning hours: _____ *Minimum 25 hours*

Theoretical Knowledge instruction including progress tests hours: _____ *Minimum 100 hours*

Flight instruction on helicopters hours: _____ *Minimum 30 hours*, of which dual flight Instruction hours: _____ *Minimum 25 hours* of which conducted in an FSS an FNPT I or II or an FTD2/3: _____

Credit (if applicable) _____ *Maximum 5 hours*

(i) If applicant holds further instructor certificates he/she may be credited for the teaching and learning part.

(ii) If applicant holding an FI (A) or (As) credit given towards the requirement of 100 hours Theoretical Knowledge instruction, including progress tests with hours: _____ *Maximum 55 hours,*

Signature of HT: _____ Date of Signature: _____

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Appendix 2

**Flight Instruction for LAPL(H), PPL(H), CPL(H),
& Single-Pilot Single-engine type ratings**

Applicant's Full Name and Licence No:
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Application to conduct flight instruction for the issue, revalidation and renewal

LAPL(H)

FI(H) Assessment of competence passed on Date : _____ with (Name of
FIE): _____ (attach form TM/CAD 275)

Signature of Applicant: _____ Date of Signature: _____

Application to conduct flight instruction for the issue of

PPL(H)

FI(H) Assessment of competence passed on Date : _____ with (Name of
FIE): _____ (attach form TM/CAD 275)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO –Theoretical Knowledge Examinations (PPL Holders only)

Confirmation of Theoretical Knowledge training course completed: CPL(H) ATPL(H)

Theoretical Knowledge training completed on course Hours: _____ (CPL min 300 hours . ATPL min 550 hours)

Approved Training Organisation: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate: _____

Name of Head of Training: _____

Give details of Competent Authority with whom the Examinations were taken: _____

Certified copy of results to be provided with application and a copy of ATO approval Certificate (if ATO certificate and examinations results not issued by TM CAD)

Signature (Head of Training): _____ Date: _____

Single-Pilot Single-engine helicopters

Type of helicopter: _____ valid until _____

Note: An instructor must have completed at least 15 hours of a flight times as a pilot on the type of aircraft on which flight instruction is to be given, of which a Maximum of 7 hours may be in an FSTD representing the type of aircraft, if applicable, or

Passed an Instructor Assessment of competence for the relevant category of instructor on that type of aircraft and be entitled to act as Pilot in command during such flight instruction

Signature of Applicant: _____ Date of Signature: _____

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Appendix 3

Applicant's Full Name and Licence No:

Removal of Supervisory Restriction Flight Instruction for CPL (H)

To be completed by the applicant

FI Removal of Supervisory Restriction

I have completed 100 hours of flight instruction in helicopters and in addition have supervised at least 25 solo student solo flight air exercises. I confirm that the information in Appendix 9 is correct.

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

I certify that the flight experience listed by the applicant in Appendix 9 is correct and meets the requirements of FCL.910.FI(c) for the removal of the supervisory restriction.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate : _____

Name of HT: _____ Licence number: _____

Location & date: _____

Signature (Head of Training): _____ Date: _____

To be completed by the applicant

Application to conduct Flight instruction for the issue of the

CPL(H)

Flight time as pilot on helicopters hours: _____ *Minimum 500 hrs*

Including flight instruction hours: _____ *Minimum 200 hrs*

Signature of Applicant: _____ Date of Signature: _____

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Appendix 4

Extension of Privileges for the Flight Instruction for the Night Rating,

Applicant's Full Name and Licence No:

To be completed by the applicant

Night Rating

I hold a Night Rating (*Rating required*)

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI(j)

I being an instructor certified in accordance with FCL.905.FI (j) certify that the applicant demonstrated the ability to instruct at night.

FCL.905.FI(j) Last and First Name: _____

FCL.905.FI(j) Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the ATO

The ATO confirms that the candidate has been trained according to the approved syllabus in accordance with Part-FCL and completed Exercise 28 of AMC1 FCL.930.FI. The ATO assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Signature (Head of Training): _____ Date: _____

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Appendix 5

Applicant's Full Name and Licence No:

Extension of Privileges for the Flight Instruction for IR (H)

IR(H)

Flight time under IFR, hours: _____ *Minimum 200 hrs*

of which instrument ground time in an FFS/ FTD2/3/FNPTII hours : _____ *Maximum 50 hrs*

IRI training course as a student pilot completed on Date: _____ (*Certificate required*)

Instructor Assessment of competence for the IRI certificate passed on Date: _____ with

(Name of FIE): _____ (*attach form TM/CAD 275*)

In addition for SP multi-engine helicopters:

Completed as pilot on helicopters Hours: _____ *Minimum 500 hours,*

Including hours as a pilot on SP ME helicopters _____ *Minimum 100 hours.*

In addition for MP multi-engine helicopters:

Completed as pilot on helicopters Hours: _____ *Minimum 1,000 hours,*

Including hours as a pilot on multi-pilot helicopters _____ *Minimum 350 hours;* or

Holding a valid TRI(H) certificate for single-pilot multi-engine helicopters, valid until: _____

and Completed as pilot of that type in multi-pilot operations _____ *Minimum 100 hours*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO - IRI Course

The ATO confirms that the candidate has been trained according to the approved syllabus for the IRI(H) in accordance with Part-FCL, and assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing approval certificate: _____

FSTD Certificate number: _____

Competent Authority issuing FSTD certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Teaching and learning hours: _____ *Minimum 25 hours, or tick if credited.*

Technical Training hours: _____ *Minimum 10 hours,* including revision of instrument theoretical knowledge, the preparation of lesson plans and the development of classroom instructional skills.

Flight Instruction on a helicopter hours _____ (a), and on FFS, FTD2/3 or FNPT II hours _____ (b) (*a + b Minimum 10 hours as FI held*)

Signature (Head of Training): _____ Date: _____

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Appendix 6

Extension of Privileges for the Flight Instruction for Single-Pilot Multi-engine type ratings

Applicant's Full Name and Licence No:

To be completed by the applicant

Single-Pilot Multi-engine type ratings

Type of helicopter: _____ valid until _____

Flight time as pilot on the helicopters hours: _____ *Minimum 500 hrs*

Hours as PIC on the applicable type of helicopters: _____ *Minimum 100 hrs*

Instructor Assessment of competence as TRI for ME passed on Date _____ with

(Name of FIE or TRE*): _____ (*attach form TM/CAD 278*)

* Delete as applicable

To be completed by the ATO

The ATO confirms that the candidate has been trained according to the approved syllabus for the technical training and flight instruction parts of the TRI(H) ME, in accordance with Part-FCL and assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

TRI course

Type of helicopter: _____

Teaching and learning hours: (Credited as applicant is an FI)

Technical Training on applicable type hours: _____ of the relevant TRI course,

Flight Instruction on multi-engine helicopters hours: _____ of the relevant TRI course.

Flight Instruction

Flight instruction as pilot on the applicable type of helicopter hours: _____ *Minimum 2 hrs*, under the supervision of TRI Name: _____ Certificate Number: _____

Signature (Head of Training): _____ Date: _____

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Appendix 7

Extension of privileges to conduct flight instruction for FI (H), IRI (H) certificate(s)

Applicant's Full Name and Licence No:

To be completed by the applicant

I wish to apply for the extension of my FI(H) to conduct flight instruction for the issue of the following instructor certificate(s)

FI (H) **IRI (H)** **STI (H)**

Flight instruction on helicopters hours: _____ *Minimum 500 hrs*

Passed an assessment of competence on helicopters on Date: _____

to demonstrate to a Flight Instructor Examiner (FIE) Name: _____ the
ability to instruct for the FI certificate; (*attach form TM/CAD 275*)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the FIE

I declare that the applicant passed an assessment of competence on the helicopter on Date: _____
and has satisfactory demonstrated competence to instruct for the

FI (H) **IRI (H)** **STI (H)**

Last and First Name of FIE: _____

Examiner Licence / Certificate number: _____

Signature of FIE _____ Date of Signature _____

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Appendix 8

Applicant's Full Name and Licence No:

Flight Instructor Revalidation & Renewal

For revalidation of an FI certificate, the holder shall fulfil 2 of the following 3 requirements:

Instructional Hours

Hours of flight instruction in helicopters during the period of validity of the certificate as: FI, TRI, IRI or examiner.

_____ *Minimum 50 hours*

Complete for Privileges to instruct for the IR

Hours of flight instruction for an IR completed within the last 12 months preceding the expiry date of the FI(H) certificate

_____ *Minimum 10 hours*

Refresher Seminar

Attended an Instructor refresher seminar, within the validity period of the FI certificate. on Date _____
(Certificate required)

Assessment of Competence see Note

Passed within the 12 months preceding the expiry date of the FI certificate an assessment of competence as FI(H) on

Date : _____ with a Flight Instructor Examiner (FIE) Name : _____

(attach form TM/CAD 275)

Note:

For the at least each alternate subsequent revalidation in the case of FI(H) the holder shall have to pass an assessment of competence in accordance with FCL.935.

Complete if requirement for assessment of competence above is not checked.

Date of last assessment of competence as FI(H) : _____

Signature of Applicant: _____ Date of Signature: _____

For Renewal. If the FI certificate has lapsed, the applicant shall, within a period of 12 months before renewal complete both:

Refresher Seminar

Attended an Instructor refresher seminar on Date : _____ (must be in the period of 12 months before application). (Certificate required)

Assessment of Competence

Passed an assessment of competence as FI(H) on Date : _____

with a Flight Instructor Examiner (FIE) Name : _____ (must be

in the period of 12 months before application). (attach form TM/CAD 275)

Signature of Applicant: _____ Date of Signature: _____

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Applicant's Full Name and Licence No:

Appendix 9
Removal of the supervisory restriction of FCL.910.FI(c)

Date of flight	Student's name	Student's licence or reference number	Exercise number of Air exercise	Name of Supervising Flight Instructor	Signature of Supervising Flight Instructor	Licence Number of supervising flight Instructor	Name of ATO flight training conducted with and approving competent Authority.
1							
2							
3							
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11							
12							

Application form for FI (H) Certificate Issue, Extension, Revalidation and Renewal
 issued under the Commission Regulation (EU) No 1178/2011 as amended



Applicant's Full Name and Licence No:
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I certify that the details listed above are correct and meet the requirements of FCL.910.FI(c) for the removal of the supervisory restriction:		
Name of Applicant _____	Signature of Applicant: _____	Date of Signature: _____
I certify that the above details are correct		
Name of HT: _____	Signature of HT: _____	Date of Signature: _____

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FI(H) Certificate

Submission Instructions

Documents required:

1. A copy of the Malta ID Card (both sides) or Passport [Original has to be presented before licence is collected / Not required if the applicant already holds a Malta part FCL licence]
2. A copy of the Licence held
3. Log Book – All flight instruction must be signed by the instructor
4. Copy of all instructor licences / certificates
5. Copy of Medical Certificate.
6. Copy of ATO Approval Certificate if not issued by Transport Malta
7. Assessment of Competence Form TM/CAD/275 - *if applicable*
8. PPL(H) holders applying to conduct PPL(H) flight instruction - Copy of Theoretical Knowledge Instruction Course Completion Certificate
9. PPL(H) holders applying to conduct PPL(H) flight instruction - Copy of the certificate for the CPL/ATPL theory examinations
10. A copy of all licences / certificates on the basis of which credit is given.
11. Copy of Teaching and learning Course Certificate – if credit claimed
12. Copy of FCL.905.FI(j) certificate if applicable
13. Copy of Flight Examiner Certificate if applicable
14. Copy of instructor seminar certificate and certificate of ATO approved to conduct the seminar.

Office
Use
Only

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It is important to send all the documents to avoid a delay in the issue of the rating.

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Transport Malta – Civil Aviation Directorate Bank Details:

Bank Name: Bank of Valletta
Bank Branch: Naxxar
Bank Address: 38, Triq tal-Labour, Naxxar NXR 9020
Bank's BIC Code: VALLMTMT
Sort Code: 22013
Account Holder: Transport Malta – Civil Aviation Directorate
Account No: 12000580013
IBAN No: MT13VALL 22013 0000 000 12000 5800 13

Fee: The applicable fee in the Malta Air Navigation Order / Scheme of Charges on the Transport Malta website has to be submitted with the application.

Queries: If you need additional information send an email to cadpel.tm@transport.gov.mt to the attention of **Personnel Licensing Section, Transport Malta Civil Aviation Directorate** - giving your contact telephone number.

Send completed form to:

Transport Malta - CAD, Personnel Licensing Section, Pantar Road, Lija, LJA 2021, Malta.

Civil Aviation Directorate

Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta. Tel: +356 2555 5000 cadpel.tm@transport.gov.mt www.transport.gov.mt

Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the Data Controller for the purpose of the Data Protection Act CAP. 586 and General Data Protection Regulation (EU) 2016/679 (GDPR). This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

1. The information we collect and how we use it

- 1.1. From this application form Transport Malta collects different types of information which information is that required by Law and is used explicitly for your particular application. It is to be noted that if the required information is not provided the said application cannot be processed.
- 1.2. The primary purpose for collecting information is mainly to process the application for the service being applied for, however, your personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence/certificate after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal information is shared with the following third parties for reasons listed below:
 - Any third party offering assistance in providing the required service;
 - Any law enforcement body who may have any reasonable requirement to access your personal information;
 - Third party entities responsible for the data processing contracted by Transport Malta.

3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
 - a. the right for information;
 - b. the right to access;
 - c. the right to rectification;
 - d. the right to erasure;
 - e. the right to restrict processing;
 - f. the right to object to processing;
 - g. the right to data portability;
 - h. the right to complain to a supervisory authority; and
 - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to dataprotection.tm@transport.gov.mt. We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

4. Retention period

- 4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.
- 4.2. Once the service related to your application is provided, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the purpose indicated herein.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act).

7. Data Protection Officer

- 7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: dataprotection.tm@transport.gov.mt

8. Contacting us

- 8.1. Please address any questions, comments and requests regarding the application process to cadpel.tm@transport.gov.mt