

Application for Changes related to Flight Simulation Training Devices

issued under the Acceptable Means of Compliance and Guidance Material to Commission Regulation (EU) No 1178/2011 of 3 November 2011



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 exchanged with 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.

Send completed form to: Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta

Application for Changes related to Flight Simulation Training Devices

1 Applicant's Reference		
1.1 Your Reference	Please provide a brief, unique identifier that we will use to refer to your application _____	
2 Applicant Address and Contact Data		
2.1 Applicant Data		
2.1.1 Name and Address (registered (business) name and address/head office of the company)	Applicant Number	Click or tap here to enter text.
	(Company) Name	Click or tap here to enter text.
	Street / Nr	Click or tap here to enter text.
	Post Code	Click or tap here to enter text.
	City	Click or tap here to enter text.
	Country	Click or tap here to enter text.
2.1.2 Contact Person (Responsible for this application)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	Click or tap here to enter text.
	First name	Click or tap here to enter text.
	Job title	Click or tap here to enter text.
	Phone/Fax	Click or tap here to enter text.
	Email	Click or tap here to enter text.
2.1.3 FSTD	Certificate FSTD ID #	Click or tap here to enter text.
	Date of last evaluation (dd/mm/yyyy)	Click or tap to enter a date.
	FSTD under Extended Evaluation Programme (EEP)	<input type="checkbox"/> No <input type="checkbox"/> Yes: Date of last on-site evaluation: Click or tap to enter a date.

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3 Changes (Only complete the parts affected by the change)

3.1 Changes to Billing Data ☐ No (Proceed to 3.2) ☐ Yes (Please specify changes below)

3.1.1 Billing Address (For the receipt of TMCAD Fees and Charges Invoices)	(Company) Name	Same as in section 2.1.
	Street / Nr	Click or tap here to enter text.
	PO Box	Click or tap here to enter text.
	Post Code	Click or tap here to enter text.
	City	Click or tap here to enter text.
	Country	Click or tap here to enter text.
3.1.2 Contact Person (Responsible for ensuring the TMCAD terms of payment are honoured. An electronic invoice copy will be issued to the email address indicated here.)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	Click or tap here to enter text.
	First name	Click or tap here to enter text.
	Job title	Click or tap here to enter text.
	Phone	Click or tap here to enter text.
	Email	Click or tap here to enter text.

3.2 Change of FSTD Location ☐ No (Proceed to 3.3) ☐ Yes (Please specify changes below)

3.2.1 New device Location Address	(Company) Name	Click or tap here to enter text.
	Street / Nr	Click or tap here to enter text.
	Post Code	Click or tap here to enter text.
	City	Click or tap here to enter text.
	Country	Click or tap here to enter text.
3.2.2 Contact Person at new location	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	Click or tap here to enter text.
	First name	Click or tap here to enter text.
	Job title	Click or tap here to enter text.
	Phone	Click or tap here to enter text.
	Email	Click or tap here to enter text.

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3.3 Changes to FSTD <input type="checkbox"/> No (Proceed to 3.4) <input type="checkbox"/> Yes (Please specify changes below)															
3.3.1 Modification	<input type="checkbox"/> Modification This application has to be sent only if requested by TM CAD after the review of FSTD Modification Information Sheet in case additional hours are needed for assessment. Fill in Appendix 2														
3.3.2 Change of qualification level	Click or tap here to enter text.														
3.3.3 EEP (See paragraph 4)	<input type="checkbox"/> FSTD to be considered for Extended Evaluation Programme (EEP) Proposed starting date (dd/mm/yyyy): Proposed period: <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years														
3.3.4 Certificate (See paragraph 4)	<input type="checkbox"/> Administrative re-issuance of an FSTD qualification certificate Reason for re-issuance														
3.3.5 Deactivation (See paragraph 4)	<input type="checkbox"/> FSTD de-activation (This should be sent to TM CAD at least FIVE months prior to the FSTD due date for recurrent evaluation) Date of De-activation (dd/mm/yyyy):														
3.3.6 Reactivation	<input type="checkbox"/> FSTD re-activation Date of Re-activation (dd/mm/yyyy):														
3.3.7 Surrender (See paragraph 4)	<input type="checkbox"/> FSTD qualification certificate surrender (This should be sent to TMCAD at least FIVE months prior to the FSTD due date for recurrent evaluation) Date of surrender(dd/mm/yyyy): Please return ALL certificate revisions (current and previous) to TM CAD.														
3.4 Changes to the Organisation <input type="checkbox"/> No (Proceed to 4) <input type="checkbox"/> Yes (Please specify changes below)															
3.4.1 Post holder Nominee (Accountable Manager, Compliance Manager, Safety Manager, Information Security Manager and Compliance Monitoring Manager)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Title</td> <td style="padding: 5px;"><input type="checkbox"/> Mr <input type="checkbox"/> Ms</td> </tr> <tr> <td style="padding: 5px;">Name</td> <td style="padding: 5px;">Click or tap here to enter text.</td> </tr> <tr> <td style="padding: 5px;">First name</td> <td style="padding: 5px;">Click or tap here to enter text.</td> </tr> <tr> <td style="padding: 5px;">Nominated for the post(see completion instructions)</td> <td style="padding: 5px;">Click or tap here to enter text.</td> </tr> <tr> <td style="padding: 5px;">Phone/Fax</td> <td style="padding: 5px;">Click or tap here to enter text.</td> </tr> <tr> <td style="padding: 5px;">Email</td> <td style="padding: 5px;">Click or tap here to enter text.</td> </tr> <tr> <td style="padding: 5px;">Qualification relevant to the post</td> <td style="padding: 5px;">Click or tap here to enter text.</td> </tr> </table>	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	Name	Click or tap here to enter text.	First name	Click or tap here to enter text.	Nominated for the post(see completion instructions)	Click or tap here to enter text.	Phone/Fax	Click or tap here to enter text.	Email	Click or tap here to enter text.	Qualification relevant to the post	Click or tap here to enter text.
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms														
Name	Click or tap here to enter text.														
First name	Click or tap here to enter text.														
Nominated for the post(see completion instructions)	Click or tap here to enter text.														
Phone/Fax	Click or tap here to enter text.														
Email	Click or tap here to enter text.														
Qualification relevant to the post	Click or tap here to enter text.														

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	Experience relevant to the post	Click or tap here to enter text.
3.4.2 Documentation (Management System, Manuals, Procedures) (See paragraph 4)	<input type="checkbox"/> Major changes to the organisation documentation	
3.4.3 Change of Name of the Organisation.	Click or tap here to enter text.	
4 Dates		
4.1 Requested FSTD evaluation start date	(dd/mm/yyyy)	
4.2 Intended Ready for Training (RFT) date	(dd/mm/yyyy)	
Important Note: A minimum of three (3) months' notice is required before any evaluation or audit may be conducted.		
5 Documents and manuals to be submitted with application (as applicable)		
<input type="checkbox"/> FSTD Modification Appendix 2 <input type="checkbox"/> Amendment to the Management System documentation describing the EEP process <input type="checkbox"/> Amended Management System Manual, Procedures	<input type="checkbox"/> Surrendered certificate documentation (all previously issued revisions of the qualification certificate) <input type="checkbox"/> FSTD De-activation supporting documentation	
6 Additional comments		
(Additional features, capabilities or special equipment not covered in section 4, or any other information considered to be relevant to be able to complete the requested activity.) Click or tap here to enter text.		
7 Applicant's declaration and acceptance of the General Conditions and Terms of Payment		
<ul style="list-style-type: none"> I declare that I have the legal capacity to submit this application to TMCAD and that all information provided in this application form is correct and complete. I have understood that I am submitting an application for which fees or charges will be levied by TMCAD in accordance with Malta Air Navigation Order I am aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. I declare that I am aware of the consequences of non-payment. 		
Click or tap here to enter text.	Click or tap here to enter text.	
Date/Location	Name of the Accountable Manager	Signature of the Accountable Manager
This Application should be sent by e-mail or regular mail to: cadpel@transport.gov.mt		Completion Instructions (see Appendix 1)

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Appendix 1 – Completion Instructions

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for Activities related to Flight Simulation Training Devices. It is strongly recommended to use the English language in completing the form. Please complete the form in a **clearly legible** way.

# - Field Name	Completion Instructions
1.1 Your Reference	Please provide a unique internal reference to this application. This reference will be used as an identifier of your application in all communication, e.g. invoice/s, acceptance letter, by TMCAD.
2.1.1 Name and Address	<p>Applicant Number: If known, please enter your TMCAD Applicant Number. This number can be found on any application acceptance letter received for previous applications.</p> <p>Please enter the full name of the company as it appears on the Business Registration or similar legal document stating name and seat of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. Please enter the address of the registered office as it appears on the Business Registration or similar legal document. First time applicants need to submit a copy of the company's Business Registration or similar legal document stating name and seat of the company together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.</p> <p>In case the applicant is not a company but a natural person, please enter the full name as it appears in the ID Card/Passport and enter the address of registry. A copy of the person's ID or passport needs to be provided with the first application.</p>
2.1.2 Contact Person	The name and contact details specified in this section are those of the person responsible for the application.
2.1.3 FSTD	<p>Certificate FSTD ID #: Please indicate the FSTD ID, it should have the following format: xxxxxx</p> <p>If a device is already included in an extended evaluation period programme, please provide the date of the last self-evaluation together with the date of the last on-site evaluation.</p>
3 Changes	<p><u>Only complete the parts affected by the change.</u></p> <p>Aspects not affected by the change(s) will use the information received in the previous application(s)</p>
3.1.1 Billing Address	The (company) name and address specified in this section will be printed on the invoice/s TMCAD will issue. A (company) name deviating from the one entered in section 2.1.1 is not acceptable. The Legal entity mentioned in section 2.1.1 must always be the same as the billing address.
3.1.2 Contact Person	The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the TMCAD invoice/s. (e.g. accounts payable clerk). Responsible for ensuring the TMCAD terms of payment are honoured. An electronic invoice copy will be issued to the email address indicated here.

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3.2.1 New device location	<p>Evaluation of a qualified FSTD after it has been moved and when its operator and organisation remain the same.</p> <p>Please <u>indicate the NEW location</u> of the device.</p> <p>Note: For transferability of FSTD qualification certificate, the FSTD operator should directly notify TMCAD in order to agree on the applicable procedure before submitting an application.</p>
3.2.2 Contact Person	Person to contact regarding this re-location
3.3.1 Upgrade of qualification level	Indicate the REQUESTED qualification level
3.3.2 modification	<p>Evaluation of an already qualified Flight Simulation Training Device following a modification.</p> <p>In case of a device modification, the FSTD Modification Information Sheet must be completed and submitted PRIOR to this form. The TMCAD FSTD team will confirm if an application is required. The FSTD Modification Information Sheet will then become part of the application.</p>
3.3.3 EEP - FSTD to be considered for Extended Evaluation Programme	<p>If you wish to propose this device for the extended evaluation programme. In this case this box should be ticked.</p> <p>Please indicate the proposed starting date.</p> <p>Also complete paragraph 5.</p>
3.3.4 Certificate	Indicate the reason for requesting an administrative re-issuance of the certificate.
3.3.5 Deactivation	<p>When organisation plans to remove an FSTD from active status for prolonged periods. The organisation shall agree with TMCAD a plan for the de-activation, any storage and re-activation to ensure that the FSTD can be restored to active status at its original qualification level.</p> <p>Please indicate the date of de-activation.</p> <p>Also complete paragraph 5.</p> <p>Applications for Deactivation and Surrender should be received AT LEAST FIVE MONTHS prior to the FSTD due date for recurrent evaluation. Failure to do so may result in invoicing of the already booked travel expenses for the recurrent evaluation.</p>
3.3.6 Reactivation	<p>When an FSTD is restored to active status after having been deactivated.</p> <p>Please indicate the date of reactivation.</p>
3.3.7 Surrender	<p>Upon surrender, <u>all</u> FSTD qualification certificate shall be returned to TMCAD together with a completed application.</p> <p>Also complete paragraph 5.</p> <p>Applications for Deactivation and Surrender should be received AT LEAST FIVE MONTHS prior to the FSTD due date for recurrent evaluation. Failure to do so may result in invoicing of the already booked travel expenses for the recurrent evaluation.</p>
3.4 Changes to Organisation	
3.4.1 Post holder Nominee	Accountable Manager or Compliance Monitoring Manager; according to ORA.GEN.210 (A) & (b)
3.4.2 Documentation	Tick the box, if documentation is joined with the application form.

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Please also tick the correct boxes in # 5

4.1 Requested FSTD evaluation start date	<p>Please indicate the evaluation starting date you are requesting.</p> <p>All efforts will be made to try to accommodate this date. However, different circumstances may prevent TMCAD from actually fulfil this request. An alternative date maybe proposed to reduce costs or improve logistics and efficiency.</p>
4.2 Intended Ready For Training (RFT) date	Intended Ready For Training (RFT) date after a relocation or re-activation.
5. Documents and manuals to be submitted with application	Tick each relevant box to indicate which document is joined to the application form. Missing or incorrect documentation may lead to delays in the application process and/or start of the project
6. Additional comments	Please indicate relevant, additional features, capabilities or special equipment not covered in the previous sections.
7. Declaration and acceptance of General conditions and Terms of Payment	<p>Please read this part carefully.</p> <p><u>Please sign and date the application</u>, as we will not be able to process it otherwise.</p> <p>You may request an estimation for a task that is calculated on an hourly basis. This estimate will be amended if it appears that the task is simpler or can be carried out faster than initially foreseen or, on the contrary, if it is more complex and takes longer to carry out than TMCAD could reasonably have foreseen.</p> <p>Please be aware that TMCAD is to continue the processing of the application only after the estimation has been accepted and, consequently, the provision of an estimation will lead to a delayed project start.</p> <p>The estimation is for information purposes and has no binding effect on TMCAD or the applicant.</p>

Civil Aviation DirectorateTransport 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**Appendix 2: FSTD Modification**

Date of the notification:	Date <small>Click or tap to enter a date.</small>
Report issue number:	Revision <small>Click or tap here to enter text.</small>
FSTD Id#:	Code <small>Click or tap here to enter text.</small>
FSTD operator name:	FSTD operator name <small>Click or tap here to enter text.</small>
Aircraft type and variant:	A/C type and/or variant <small>Click or tap here to enter text.</small>
Affected engine fit	Affected engine type <small>Click or tap here to enter text.</small>

In compliance with **COMMISSION REGULATION (EU) No 290/2012 of 30 March 2012 ORA.FSTD.110 Modifications**, this form shall be used by Flight Simulation Training Device operators to inform TMCAD in advance of modifications of the FSTD hardware and software that affect:

- a) handling of the simulated aircraft,
- b) performance of the simulated aircraft,
- c) systems operation of the simulated aircraft,
- d) any major modifications of the motion,
- e) any major modifications of simulated flight controls,
- f) any major modifications of the visual system (either display or image generation).

In case of modifications due to an airworthiness directive, or service bulletin either from the aircraft manufacturer, or the FSTD manufacturer, please ensure the associated supporting documentation is submitted together with this form.

FSTD Modification Notification forms are not required for the incorporation of additional (or updated) airport visual scenes or navigation databases.

Sections to be completed by the FSTD operator:

- 1. FSTD Identification**
- 2. Nature of the modification**
- 3. Modification assessment (by the FSTD operator)**
- 4. Modification implementation**

Sections to be completed by TMCAD:

- 5. Modification assessment (by TMCAD)**
- 6. Final recommendation (by TMCAD)**

This annex shall be sent together with the complete form TM/CAD/361.

If you do not need to notify any modification then only submit pages one to five of this document.

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(a) FSTD Identification

(a) FSTD Location:

Enter the complete address (with country).

Click or tap here to enter text.

(b) FSTD Manufacturer and FSTD Identification serial number:

Enter the FSTD manufacturer name. Click or tap here to enter text.

Enter the FSTD manufacturer serial number. Click or tap here to enter text.

(c) First entry into service: Click or tap here to enter text.

Month / Year

(d) Date of the last evaluation performed on-site:

dd/mm/yyyy

(e) Date of the next evaluation to be performed on-site:

dd/mm/yyyy

EEP self-evaluation should not be considered.

(f) Point of contact for this modification:

Name: Click or tap here to enter text.

Role: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

(b) Nature of the modification

(a) Modification description:

Click or tap here to enter text.

(b) Rationale for the modification:

Click or tap here to enter text.

(c) Modification initiative:

☐ FSTD operator

☐ FSTD manufacturer

☐ aircraft manufacturer

☐ regulation

(d) Type of modification:

☐ validation data

☐ simulation software

☐ aircraft cockpit

☐ flight controls

☐ motion

☐ visual

☐ instructor station

☐ host computer & interface

☐ other:

(e) In case validation data modifications affecting the Validation Data Roadmap (VDR):

Enter the current VDR reference/name Click or tap here to enter text.

Enter the new proposed VDR reference/name Click or tap here to enter text.

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(c) Modification assessment (by the FSTD operator)

(a) Simulation areas affected:

☐ aircraft handling ☐ aircraft performance ☐ aircraft systems ☐ other:

(b) Affected tests in the Master Qualification Test Guide (MQTG):

Note: Affected tests shall be amended and comply with the current criteria CS-FSTD(A).

[Click or tap here to enter text.](#)

(c) Primary Reference Document(s) used for the technical requirements of the modification:

[Click or tap here to enter text.](#)

(d) Modification implementation

(e) Modification to be implemented by:

☐ FSTD operator ☐ FSTD manufacturer ☐ Contractor

(f) TMCAD level of involvement:

(g) Is the modification new to the FSTD?

☐ Yes ☐ No

Supporting Information:

(h) Is the modification complex?

☐ Yes ☐ No

Supporting Information:

(i) Is the modification critical?

☐ Yes ☐ No

Supporting Information:

(j) Implementation dates:

Start: dd/mm/yyyy

Completion: dd/mm/yyyy

(k) Modification to be validated by:

Name: [Click or tap here to enter text.](#)

Role: [Click or tap here to enter text.](#)

(l) List of tests (Acceptance tests, functions and subjective tests or other) to be performed during the validation:

Note: TMCAD shall determine if the tests described in this section are satisfactory and therefore a special evaluation is necessary prior to returning the FSTD to training following the modification.

[Click or tap here to enter text.](#)

FSTD operator representative:

Position:

Date:

Signed:

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(m) Modification assessment (by TMCAD)

(a) TMCAD agrees with the assessment performed by the FSTD operator:

☐ *yes*

☐ *no*

Not Applicable

(b) Additional FSTD aspects to be assessed by the operator:

Nil

(c) Comments:

Nil

(n) Final recommendation (by TMCAD)

(a) Special evaluation required:

☐ *on-site evaluation not required*

☐ *on-site evaluation is required*

(b) Comments:

Device to be de-activated and certificate returned to TM-CAD

(c) Assessment performed by:

Name: Rachel Grech

Role: FSTD Department Manager

Telephone: +356 2555 5611

E-mail: rachel.c.grech@transport.gov.mt

Signed:

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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