

## DPA016 - Employer Declaration (LPTV / PTV Driver Permit Tag Application)

### 1. Employer Details

Employer Name: \_\_\_\_\_ Company Reg No. (if applicable): \_\_\_\_\_

### 2. Employee Details

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Job Designation: \_\_\_\_\_

### 3. Operator Licence (tick as applicable and complete all selected fields)

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|--|--|
| <input type="checkbox"/> <b>LPTS Operator Licence (LPTV – Cab Services)</b><br><br>Licence Number: _____<br>Validity End Date: _____ | <input type="checkbox"/> <b>CPOL Licence (PTV – Minibus / Bus Services)</b><br><br>Licence Number: _____<br>Validity End Date: _____ |
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*Licence(s) must be valid and not expire within 15 calendar days from the date of this declaration*

### 4. Declaration

I declare that the above-named individual is currently employed with the employer indicated and that their role is directly linked to the operator licence(s) selected above.

I confirm that the indicated operator licence(s) is/are valid and in force at the date of signing.

I further declare that all information provided is true, accurate, and complete. I understand that Transport Malta may verify this declaration with the employer, licence holder, and relevant authorities. I acknowledge that false or misleading information may result in refusal or revocation of the Driver Permit Tag and may lead to action against the operator licence and/or other legal or administrative measures.

### 5. Authorised Signatory (tick and complete) – to attach a copy of ID card of Authorised Signatory

- Licence Holder
- Authorised Representative (registered with Transport Malta)

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Company Stamp (if available): \_\_\_\_\_