VEH 32	**Transport Malta** **Land Transport Directorate** Telephone: (00356) 2556 0000/8007 2393 Website: www.transport.gov.mt	Transport Malta
APPLICATION FORM TO COVERT A VEHICLE FROM ONE CATEGORY TO ANOTHER		

Vehicle Registration No:	System No:	Date:

Name & Surname:	Address: _____
Tel No:	_____

I request permission to ***convert*** my vehicle bearing registration number _____

- ☐ Commercial to Private
- ☐ Tax Free to Private
- ☐ Box Van to Truck
- ☐ Tractor Unit to Commercial
- ☐ Body type _____ to Body type _____.

If my application is approved, I bind myself to pay any applicable fees.

_____ _____

Signature of Applicant **Name & Surname in Block Letters**

_____

ID Card No.