

VEH 42	Transport Malta Land Transport Directorate	 Transport Malta
APPLICATION FORM TO HAVE BEACON LIGHTS INSTALLED ON A VEHICLE AND USED DURING EMERGENCIES	Telephone: (00356) 2556 0000/8007 2393 Website: www.transport.gov.mt	

A. VEHICLE DETAILS

Vehicle Registration No:	System No:	Date:
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B. DETAILS OF REGISTERED OWNER

Name: _____

Address: _____

C. PLEASE SPECIFY TYPE OF VEHICLE.

I would like to apply for a permit, to use the above mentioned vehicle during emergencies or call on duty.

Fire engine
 Ambulance
 Salvage and Rescue
 Medical Personnel
 Other:.....

LIGHT:
 BLUE
 GREEN
 AMBER

Identity Card No: _____	_____ Signature of Registered Owner
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For Office Use Only:

_____ Signature (Transport Malta Official)	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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D. INDEMNITY GUARANTEE

I the undersigned, in consideration of the Authority for Transport in Malta not objecting to the change to the above vehicle hereby agree to indemnify and save harmless the Authority for Transport in Malta and all its officers and employees against any and all liability, loss, damages, costs or expense which it or them may ever hereafter incur, suffer or be required to pay by reason of the said change.

I/We hereby declare that the information given is true, complete and correct.