

Applikazzjoni ghal-Liċenzja biex issuq vettura f'Kategorija A

Application for a vehicle Driving Licence under Category A

Timbru tal-Iskola tas-Sewqan
Stamp of Motoring School



Transport Malta

DRV001

A3 Towers, Arcade Street, Paola PLA 1212
Tel 2556 0000 / 80072309

Email info@transport.gov.mt Website www.transport.gov.mt

Dettalji Personali - Personal details

Nru tal-Karta tal-Identità – I.D.Card Number

Titlu (Sinjur/a eċċetra) – Title (Mr/Ms etc)

Kunjom – Surname

Isem – Name

Numru /Dar – No./House

Triq – Street

Belt /Raħal – Town /Village

Kodiċi Postali – Postcode

Data u Post tat-Twelid – Date and Place of Birth

Nazzjonalità – Nationality

Raġel – Male Mara – Female

Nru. tal-Mowbajl – Mobile No.

Dettalji tal-Instructor - Instructor details

(Trid timtela biss jekk l-Instructor mhux Instruktor reġistrat – To be completed only if the Instructor is a non-registered Instructor)

Isem l-Instructor – Name of Instructor

Nru tal-Karta tal-Identita' – I.D.Card Number

Numru tal-Vettura – Vehicle No.

TWISSIJA lill-Applikant-
Kull stqarrija falza, rappreżentazzjoni hażina jew habi ta' fatti materjali fuq din il-formola jew xi dokument ipprezentat flimkien ma' din l-applikazzjoni tista' taghti lok għal passi kriminali.

WARNING to all Applicants-
Any false statements, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.

Hemm hlas ta' € 23.25 għal Applikazzjoni għal-Liċenzja f'din il-kategorija - There is a payment of € 23.25 for the Application for Licence to drive this Category.

Iffirma ħdejn il-Kategorija Applikabli

Sign near the applicable Category

| Kategorija Category | Deskrizzjoni Description | Firma tal-Kategorija li qed tapplikata ghalija Signature of Category being applied for |
|---|--|---|
| A1 Minimu ta' età ta' 18 il sena Minimum 18 years of age | (a) <i>Motor cycles</i> b'cilindrata li ma taqbiżx 125 ċentimetri kubi u forza tal-magna mhux aktar minn 11 kW u bi proporzjon bejn forza u piż li ma jaqbiżx 0.1kW/kg. (b) <i>Motor tricycles</i> b'forza tal-magna ta' mhux iżjed minn 15 kW. (a) <i>Motorcycles with a cylinder capacity not exceeding 125 cubic centimetres, of a power not exceeding 11 kW and with a power/weight ratio not exceeding 0.1 kW/kg.</i> (b) <i>Motor tricycles with a power not exceeding 15 kW.</i> | |
| A2 Minimu ta' età ta' 20 sena Minimum 20 years of age | <i>Motor cycles</i> b'forza tal-magna ta' mhux aktar minn 35 kW u bi proporzjon bejn forza u piż li ma jaqbiżx 0.2 kW/kg u li ma jkunux derivati minn vettura ta' aktar mid-doppju tal-forza tagħha. <i>Motorcycles of a power not exceeding 35 kW and with a power/weight ratio not exceeding 0.2 kW/kg and not derived from a vehicle of more than double its power.</i> | |
| A Minimu ta' età ta' 22 sena fejn l-applikant għandu sentejn esperjenza fil-kategorija A2; JEW Li għandu mill-anqas 24 sena jekk l-applikant m'għandhux sentejn esperjenza fil-kategorija A2. Minimum 22 years of age where applicant has at least 2 years experience in A2; OR At least 24 years of age if applicant does not have at least 2 years experience in A2 | <i>Motorcycles.</i> <i>Motorcycles.</i> | |
| A Minimu ta' età ta' 21 sena Minimum 21 years of age | Motor tricycles b'forza ta' iżjed minn 15 kW. <i>Motor tricycles with a power exceeding 15 kW.</i> | |

Noti / Notes

- g.v.w. ifisser il-piż gross tal-vettura /g.v.w. means the gross vehicle weight
- It-Test tal-prattika jrid isir b'vettura skont il-kategorija li applikajt ghalha hawn fuq – dan skont Leġislazzjoni Sussidjarja 65.18 - Regolamenti dwar vetturi bil-mutur (liċenzji tas-sewqan) – it-Tielet Skeda (Regolament 26) - *The practical test is to be undertaken according to the category applied for above – this in line with Subsidiary Legislation 65.18 – Motor Vehicles (driving licences) Regulations – Third Schedule (Regulation 26)*
- Jekk tixtieq aħna noffru wkoll xi għajnuna għat-taħriġ – Noffru ktieb kemm bil-Malti kif ukoll bl-Ingliż li jismu Highway Code (€2.30) bi preparazzjoni għal eżami tat-teorija (li jsir kemm bil-Malti kif ukoll bl-Ingliż) – biex jgħinek fil-preparazzjoni. - *You may wish to consider purchasing our training aids – we have a booklet both in Maltese or English named the Highway Code (€ 2.30) in preparation of your Theory Test (dual language Maltese - English) – these to help assist you in your preparations.*
- Is-sistema tal-penalty point tapplika għal dawk kollha li tinħarġilhom liċenzja ġdida proviżorja għal l-ewwel 3 snin. - *A penalty point system is applicable to all new probationary licences issued for the first 3 years.*

Iżjed Informazzjoni - Further Information

1. Wara din l-applikazzjoni għandek tiegħu taħriġ ma' Skola tas-sewqan jew Instructor Privat (tehtieg assikurazzjoni apposta) li tagħzel int. Dan it-taħriġ għandu jkun immarkat fuq *l-istudent Record Sheet*.

Following this application you shall undergo training with your chosen Motoring School or private Instructor (specific insurance coverage is needed). Such training is to be marked on the Student Record Sheet.

2. Wara din l-applikazzjoni jrid isir l-eżami tat-teorija – irid isir appuntament billi ċċempel fuq 21227190 – 27227190 – It-test jiswa €30.25 (€22.50 f'każ li terġa toqghod għall-eżami).

After this application the Theory Test shall need to be done – An appointment for this can be made by calling the Theory Test Centre on 21227190 – 27227190 to set an appointment – This costs €30.25 (€22.50 for a resit)

3. Meta jitlesta t-taħriġ u wiehed ikun lest jersaq għall-eżami, dan għandu jimla u jibgħat il-formola DRV 20 Għall-eżami tal-prattika – din il-formola tingabar kemm mill-uffiċini tagħna, A3 Towers, Triq l-Arkata, Paola, PLA 1212, mingħand l-Iskola tas-Sewqan jew inkella mill website tagħna <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence>, jew billi ċċempel il-Freephone 80072309 li immedjatament jibgħatulek formola bil-posta d-dar. Għal dan l-eżami wiehed għandu jhallas €23.25.

Once the training is concluded and you are ready to be tested than you shall need to complete and return the DRV20 from the Practical Test – the form can be collected from our offices, A3 Towers, Arcade Street, Paola, PLA 1212, your Motoring School, or downloaded through our website <http://www.transport.gov.mt/land-transport/driving/obtaining-your-driving-licence> or by calling our Freephone 80072309 who shall immediately mail you an application home. A fee of €23.25 is applicable for the test.

4. La darba tgħaddi mill-eżami trid tmur fid-Direttorat għat-Trasport fuq l-Art, A3 Towers, Triq l-Arkata, Paola, PLA 1212 jew Hornswork Ditch Floriana, u tippreżenta d-dokument li juri li tkun għaddejta mill-eżami biex tinhariglek il-Liċenzja tas-Sewqan (jew tiżdied magħha l-kategorija relatata). Immedjatament tinhariglek il-Kontroparti u aktar tard tirċievi bil-posta l-Kard tal-Liċenzja tas-Sewqan.

Once you pass your Test you shall need to come to the either in Land Transport Directorate, A3 Towers, Arcade Street, Paola, PLA 1212 or Hornswork Ditch Floriana, to present your passed test certificate for the issuance of your Driving Licence Counterpart and shall receive the Driving Licence Card home in due course.

Flimkien mal-applikazzjoni tiegħek għal Liċenzja jkollok bżonn

Together with your application for a licence you require

- Ritratt bil-kulur ta' kwalita' tajba, daqs ta' ritratt tal-passaport (dan ir-ritratt irid juri l-wiċċ kollu minn quddiem, mingħajr kappell, elmu jew nuċċali tax-xemx, u fuq sfond ċar). Dan irid jitwahaħal bil-kolla fil-post provdut f'din l-applikazzjoni. Tużax staples jew clips tal-karti.

One good quality coloured passport sized photograph (the photograph must show the full frontal face with no hat, helmet or sunglasses, with a light coloured background). It needs to be glued on this application form. Do not use staples or paper clips.

- Kopja tal-Karta ta' l-Identita' Maltija / Kard ta' Residenza

Photocopy of your Maltese Identity Card/Residence Card

- La darba din l-applikazzjoni tkun proċessata jinhariglek Permess tat-Tagħlim li huwa validu għal 3 snin.

Once this application is processed we will issue you with a Learner Permit which is valid for 3 years.

Dikjarazzjonijiet Importanti

Important Declarations

- L-informazzjoni kollha miġbura f' din il-formola hija pproċessata skont il-Liġijiet tal-Privatizza li jinkludu r-Regolamenti Ġenerali dwar il-Protezzjoni tad-Data (Reg 2016/679/EU) u Kapitolu 586 tal-Liġijiet ta' Malta (Data Protection Act). L-informazzjoni pprovduta tista' tiġi mgħoddija lil Awtoritajiet Pubbliċi u/jew Dipartimenti tal-Gvern oħra kif meħtieġ u kif permess mil-Liġijiet Maltija. Transport Malta ta' Triq Pantar, Lija LJA2021 hija l-kontrollur ta' l-informazzjoni għall-iskop tal-liġijiet tal-privatizza. L-Avviz ta' Privatizza mehmuż ma' din l-applikazzjoni jstabilixxi l-mod kif l-informazzjoni/data personali tingabar u tiġi pproċessata minn Transport Malta, kif ukoll il-passi li jittiehdu biex tiġi protetta din l-informazzjoni.

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

- Jien hawn taht niddikjara li jekk tizviluppali xi kundizzjoni medika wara li jinhareg dan il-permess għat-Tagħlim tas-Sewqan jew wara li tinharigli l-liċenzja tas-sewqan jien ninforma lid-Direttorat minnufih. Jiena naccetta wkoll li, f'kaz illi l-Awtorita' jkollha raguni biex tahseb li jiena qed inbati minn xi kundizzjoni medika li tista' taffettwa l-kapacita' tiegħi għas-sewqan ta' vettura fit-triq jew li minhabba fiha jista' jkun hemm xi perikolu kemm għalija nnifsi jew għal oħrajn, nissottometti ruhi għall-ezami mediku minn tabib inkarigat mill-Awtorita' u li nagħti l-kunsens tiegħi sabiex l-istess tabib ikun jista' jara u jeżamina l-files medici tiegħi.

I hereby declare that if I develop a medical condition after the issuance of this Learner Permit, or after the issuance of the Driving Licence, I shall immediately inform the Directorate. I also accept that, in cases where the Authority has any reason to believe that I am suffering from any medical condition that may effect my driving abilities on the road, or in result of which may be of danger to myself or others, I shall attend any medical examination requested by the Authority and hereby give access to the visiting Doctor to access my medical records and file.

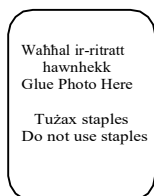
- Jien hawn taht niddikjara li m'għandiex liċenzja tas-sewqan oħra maħruġa f'pajjiż iehor
I hereby declare that I do not hold another driving licence issued by another country.
- Jien hawn taht niddikjara li jien ilni residenti f'Malta mhux anqas minn 185 ġurnata fl-aħħar sena tal-kalendarju
I declare that I have been a resident of Malta for at least 185 days in the last calendar year
- Jien hawn taht niddikjara li qatt ma kont f'pussess ta' Liċenzja tas-Sewqan maħruġa minn Stat Membru iehor (jekk qatt kont fil-pussess ta' liċenzja ta' Stat Membru iehor, L-Awstralja jew l-Iżviżżera, allura tkun trid tapplika għal Tibdil tal-Liċenzja).
I declare that I have never held a driving licence in any other Member State (If you ever held a driving licence in a Member State or Australia or Switzerland, then you must apply for the Exchange of Driving Licence).
- Jien hawn taht nikkonferma li f'dawn l-aħħar 3 snin jien kont residenti fl-indirizz (i) indikati hawn taht, fil-perjodu stipulat.
I confirm that, during the last 3 years, I have resided in the address (es) indicated below, during the period of time stated.

Indirizz/Address 1. _____
_____ Dati/Dates _____

Indirizz/Address 2. _____
_____ Dati/Dates _____

Indirizz/Address 3. _____
_____ Dati/Dates _____

- Jien hawn taht niddikjara li qatt ma kelli liċenzja tas-sewqan rifjutata, rivokata, meħuda jew sospiża minn pajjiż Stat Membru iehor jew pajjiż terz
I declare that I never had a driving licence refused, revoked, withdrawn or suspended by another member state or third country.
- Jien hawn taht niddikjara li l-istqarrijiet li għamilt u l-informazzjoni li tajt f' din l-applikazzjoni huma korretti u veri. Nifhem li jistgħu jittiehdu proċeduri kriminali kontra tiegħi jekk xi dettalji huma foloz jew jiżgwidaw.
I hereby declare that the statements made and information given in this application are correct and true. I understand that criminal action may be taken against me if any of the details are false or misleading.
- Jekk għandek xi riservi dwar xi wahda mid-dikjarazzjonijiet hawn fuq imsemmija jekk jogħġbok għid dwar liema u għaliex.
If you have any reservations about any of the declarations mentioned above please advise for which, and why, below



Jekk jogħġbok iffirma b'inka sewda fil-kaxxa
Please sign in black ink within the box

Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta, LJA 2021 is the Data Controller for the purpose of the Data Protection Act CAP 586 and the General Data Protection Regulation (EU) (GDPR) 2016/679. 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 Transport Malta collects different types of information which information is that required by Law and is used explicitly for your applications related to Vehicle Registration and Drivers Licences. It is to be noted that if the required information is not provided the said application could not be processed.
- 1.2. The primary purpose for collecting information is mainly to process the applications related to Vehicle Registration and Drivers Licences, however, your Personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence 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 service, including Insurance companies and Contractors responsible for the development of Vehicle Registration and Licensing or Driving Licences Applications;
 - Any law enforcement body who may have any reasonable requirement to access your personal information;
 - Third party entities responsible for the data processing and printing of relative licences.

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 Licence is issued, 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 processing of Vehicle Registration and Licensing or Driving Licences.
- 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 (Regulation 2016/679/EU) 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 info.tm@transport.gov.mt.

Medical Certificate Declaration to be filled by the Applicant



Applicant's Full Name _____ I.D. Card No. _____

Applicant's medical history: *(please refer to your doctor for any explanation of medical terms)*

Have you ever had, or do you currently suffer from any of the following conditions? Yes No

If you have answered 'Yes', please mark in all appropriate boxes.

- | | | |
|---|--------------------------|--|
| 1. Diabetes controlled by insulin / Any episodes of hypoglycaemia in the past 12 months | <input type="checkbox"/> | |
| 2. Epilepsy | <input type="checkbox"/> | |
| 3. Any condition affecting one or both eyes <i>(Not including colour blindness or short or long sight)</i> | <input type="checkbox"/> | |
| 4. Any condition which affects you visual field or acuity <i>(apart from wear glasses or corrective lenses)</i> | <input type="checkbox"/> | |
| 5. Unstable angina (chest pain) | <input type="checkbox"/> | |
| 6. Stroke with any symptoms lasting longer than one month | <input type="checkbox"/> | |
| 7. Fits or blackouts | <input type="checkbox"/> | |
| 8. Any type of brain surgery, severe head injury involving in-patient treatment or brain tumor | <input type="checkbox"/> | |
| 9. Any serious arrhythmia or an implanted cardiac pacemaker or defibrillator (ICD) | <input type="checkbox"/> | |
| 10. Repeated attacks of sudden disabling giddiness | <input type="checkbox"/> | |
| 11. Any other chronic neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's Disease | <input type="checkbox"/> | |
| 12. A serious problem with memory or periods of confusion | <input type="checkbox"/> | |
| 13. Persistent alcohol misuse or dependence | <input type="checkbox"/> | |
| 14. Persistent drug misuse or dependence | <input type="checkbox"/> | |
| 15. Serious psychiatric illness or ill health | <input type="checkbox"/> | |
| 16. Parkinson's disease | <input type="checkbox"/> | |
| 17. Narcolepsy | <input type="checkbox"/> | |
| 18. Sleep Apnoea syndrome | <input type="checkbox"/> | |
| 19. Any persisting limb problem which needs driving to be restricted to certain types of vehicles or those with adapted controls | <input type="checkbox"/> | |
| 20. Severe learning disability | <input type="checkbox"/> | |

Have you informed Transport Malta of this condition before? Yes No

Has this condition got worse? Yes No

I declare that, to the best of my knowledge and belief, the above information and any further information I will give to the medical doctor about my Fitness to Drive is true, correct and complete.

I understand that it is a criminal offence to make a false declaration or fail to provide information to get a driving licence and to do so can lead to prosecution and a penalty of imprisonment or fine as stipulated at law.

I authorise my Doctor (s) and Specialist (s) to release reports/medical information about any condition relevant to my Fitness to Drive, to Transport Malta.

I authorise Transport Malta to disclose such relevant information as may be necessary to the investigation on my Fitness to Drive, to Medical Doctors and Health Authorities.

Applicant's Signature

Date

The Medical Doctor is required to fill in and tick ALL the boxes below as appropriate

| | |
|---|---|
| <p>Eyesight his/her visual acuity for driving purposes only is: Left _____ Right _____ (Snellen) Aided <input type="checkbox"/> Unaided <input type="checkbox"/> Any Visual Acuity issues Yes <input type="checkbox"/> No <input type="checkbox"/> Any condition affecting Peripheral Vision Yes <input type="checkbox"/> No <input type="checkbox"/> Any condition affecting both eyes (not including colour blindness, short or long sight) Yes <input type="checkbox"/> No <input type="checkbox"/> Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Diabetes Mellitus Is the patient on Insulin Yes <input type="checkbox"/> No <input type="checkbox"/> Any episode of hypoglycaemia in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Hearing hears conversational speech from a distance of _____ meters With regards to hearing the doctor should confirm that the applicant is able to communicate fully in any form (e.g. capable to send an sms) Any hearing impairment Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Neurological Any neurological conditions such as Multiple Sclerosis, Motor Neuron Disease, Parkinson's Disease or Huntington's Disease Yes <input type="checkbox"/> No <input type="checkbox"/> Any history of Stroke or TIA Yes <input type="checkbox"/> No <input type="checkbox"/> Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Locomotor Any static handicap Yes <input type="checkbox"/> No <input type="checkbox"/> Any progressive condition Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Mental Disorders Yes <input type="checkbox"/> No <input type="checkbox"/> Any persistent Alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/> Any persistent Drug misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Cardiovascular Any serious arrhythmia Yes <input type="checkbox"/> No <input type="checkbox"/> Any implanted cardiac pacemaker or defibrillator Yes <input type="checkbox"/> No <input type="checkbox"/> Any unstable angina Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Chronic Renal Conditions Yes <input type="checkbox"/> No <input type="checkbox"/> Any Organ transplant or artificial implant Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

NOTE: Any condition/s above marked Yes, require a detailed medical report for referral to and certification by the Transport Malta Medical Team

Please refer to the list (printed on page 4) of Information Codes, Driver (Medical Reasons) and insert hereunder the Code(s) applicable.

If applicable, please tick box and indicate number of years
 In relation to a condition noted above, this certificate is valid only for a period of Years(s) and the applicant is to be re-visited and re-certified after that period of time.

If applicable, please tick box:
 Driving is to be restricted to certain types of vehicles with an automatic gearbox.
 Driving is to be restricted to certain types of vehicles with adapted controls.

Certification by Medical Doctor

I certify that I have examined (Full Name/Surname): _____

I.D. Number: _____ Today ____/____/____

For the purpose of driving vehicles in category/ies below (please mark with an (✓) and sign the applicable category/ies group):-
I hereby confirm that he/she is fit to drive the following categories:-

| Category Groups | (✓) | Doctor must certify fitness to drive by ticking and signing near each category separately |
|--|-----|---|
| Motorbikes (AM, A1, A2, A) | | |
| Cars (B1, B, BE) | | |
| Commercial Cars/Trucks (C1, C1E, C, CE) | | |
| Minibuses/Buses (D1, D1E, D, DE) | | |
| Agricultural Tractor in Maltese territory only (g) | | |

Certification is to be kept **pending**.
Specialist referral has been made for further assessment.

Doctor's Signature, Stamp and Reg. No.

I certify that I have examined the applicant in accordance with the Subsidiary Legislation 65.18 Motor Vehicles (Driving Licences) Regulations, 8th Schedule, and I declare that he/she is considered:

| FIT TO DRIVE | NOT FIT TO DRIVE |
|---|---|
| <p>_____</p> <p>Doctor's Signature, Stamp and Reg. No.</p> | <p>_____</p> <p>Doctor's Signature, Stamp and Reg. No.</p> |

List of Information Codes, Driver (Medical Reasons)

(SUBSIDIARY LEGISLATION 65.18 MOTOR VEHICLES (DRIVING LICENCES) REGULATIONS 7th Schedule)

- 01 Sight correction and/or protection
 - 01.01 Glasses
 - 01.02 Contact lense(s)
 - 01.05 Eye cover
 - 01.06 Glasses or contact lenses
 - 01.07 Specific optical aid
- 02 Hearing aid/communication aid
- 03 Prosthesis/orthosis for the limbs
 - 03.01 Upper limb prosthesis/orthosis
 - 03.03 Lower limb prosthesis/orthosis
- 10 Modified transmission
- 15 Modified Clutch
- 20 Modified braking system
- 25 Modified accelerator systems
- 31 Pedal adaptations and pedal safeguards
- 32 Combined service brake and accelerator systems
- 33 Combined service brake, accelerator and steering systems
- 35 Modified control layouts (lights switches, windscreen wiper/washer, horn, direction indicators, etc)
- 40 Modified steering
- 42 Modified rear/side view devices
- 43 Modified seating position
- 44 Modifications to motorcycles