

Application No. (Company No.
or ID No. + Form No.)

Digital Tachograph



Application for a Company Card

Before filling this form, read carefully the practical information on the second page of this form. Please write clearly in black ink.

Please tick the relevant boxes

First time application

Renewal

Replacement due to:

Loss

Stolen

Malfunction

No. of the card being replaced

Applicants must be the owner, operator or holder of vehicles fitted with digital tachograph recording equipment.

If this is a first-time application, kindly attach copy of the operator's licence.

▶ Details of Applicant/Operator

▶ Company/ID No.

Scope of undertaking (whether carriage of goods or carriage of passengers)

Name and address of undertaking

Post Code Locality

▶ Number of cards being requested

If the application is to renew cards, the number of cards being applied for shall not be higher than the number of expired cards.

▶ Mode of payment (please tick the relevant box)

Cheque in the name of Transport Malta

Cash Money Order

▶ The person managing the company cards

Surname

Name/s

Position

I declare that the information given by me in this application is correct and that I am fully aware of the conditions under which the company cards shall be used.

Date: Day Month Year

Sign in black ink

▶ Receipt of application for a Company Card (to be kept by the applicant)

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