

Application no.: \_\_\_\_\_

## EXEMPTION FROM PAYMENT OF THE VEHICLE ROAD LICENSE APPLICATION

### Applicant Personal Details

(Please use BLOCK letters and use blue ink)

The aim of this scheme is to help persons with disability acquire a means of transportation suitable for their needs and to lead a more independent life.

The Minister for Finance and Employment, on Aġenzija Sapport's recommendation, issues an exemption (full or part) on the Road License.

**NOTE:** ONLY persons applying **solely** for a Free Road License need to fill in this form. Persons applying for an Exemption from the Vehicles Registration Tax and for a Free Road License need not fill in this form.

|              |  |        |  |                    |  |  |  |
|--------------|--|--------|--|--------------------|--|--|--|
| Name         |  |        |  | Surname            |  |  |  |
| ID Card N°   |  |        |  | EU Disability Card |  |  |  |
| Male         |  | Female |  | Date of birth      |  |  |  |
| Telephone N° |  |        |  | Mobile N°          |  |  |  |
| Text Tel N°  |  |        |  | E-mail             |  |  |  |
| Address      |  |        |  |                    |  |  |  |
|              |  |        |  |                    |  |  |  |
|              |  |        |  |                    |  |  |  |
| Town         |  |        |  | Post Code          |  |  |  |

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**MEDICAL CERTIFICATE - EXEMPTION FROM PAYMENT OF THE VEHICLE ROAD LICENCE APPLICATION**  
(To be submitted by the doctor of the person with disability)

|  |  |   |  |
|--|--|---|--|
| <b>Applicant's name and surname:</b>                 |  | <b>Applicant's ID card N°:</b>                      |  |
| <b>Type of impairment</b><br>(Tick where applicable) |  | <b>Services required</b><br>(Tick where applicable) |  |
| Physical   |  | Exemption from payment of the Car Registration Tax  |  |
| Intellectual   |  |   |  |
| Impaired vision                                      |  | Exemption from payment of the Car License           |  |
| Psychological  |  |   |  |
| Impaired hearing                                     |  |   |  |

**Please give a clear and accurate diagnosis and how this is affecting the person in question.**  
The more detailed the information given, the faster this application can be processed.

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|   |  |                |                             |
|---|--|----------------|-----------------------------|
| The disability started:                               | <input type="checkbox"/> at birth<br><input type="checkbox"/> when the person was ____ years old |                |                             |
| Applicant can sign on own behalf                      | <input type="checkbox"/> Yes   |                | <input type="checkbox"/> No |
| Does the applicant have a permanent mobility problem? | <input type="checkbox"/> Yes   |                | <input type="checkbox"/> No |
| Doctor's signature                                    |  | Date           |                             |
| Registration N°                                       |  | Official stamp |                             |

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**EXEMPTION FROM PAYMENT OF THE ROAD LICENSE  
APPLICATION FORM**

**Please fill in the following details:**

1. The applicant requires a (Tick ✓ where applicable):

- ☐ Standard/Manual car
- ☐ Car with modifications
- ☐ Automatic car
- ☐ Wheelchair accessible vehicle

2. What is the registration number of the car to be exempted?    \_\_\_\_\_

3. Have you already received an exemption for a free road license on another car?

- ☐ Yes                      ☐ No

If **YES**, what is the registration number of that car?                      \_\_\_\_\_

4. Do you have a driving license?

- ☐ Yes                      ☐ No

**List of documents required with this application form:**

- A photocopy of the EU Disability Card
- A photocopy of your Driving License;
- A photocopy of your Road License;
- A photocopy of the Logbook, in the applicant's name, of the vehicle to be exempted (for categories 1a to 1c); and

**IMPORTANT:** The Driving License must not be expired.

**NOTES:**

- Vehicles registered in Malta from 1<sup>st</sup> January 2009, will not qualify for Free Road Licence if the Co2 emissions are high (i.e. more than 150g/km for diesel engines and more than 180g/km for petrol engines). It is the applicant's responsibility to check the vehicle's emission level on the logbook.
- To process your application, Aġenzija Support must make contact and needs to pass on your details to the Ministry for Finance and Employment and Transport Malta.

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|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Signature of applicant                    |  | Signature of guardian/carer/relative* |  |
| Name & surname of guardian/carer/relative |  | Your relation with the client         |  |
| Date of signature                         |  |                                       |  |

*\* Signed by the parent or guardian of the person with disability only in cases where the person with disability cannot sign on his/her behalf because of the nature of the disability.*

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*This application form is also available in Maltese.*

*For information, please contact Aġenzija Sapport on the number 2256 8000.*

*For more information, an email can also be sent on [schemes.sapport@gov.mt](mailto:schemes.sapport@gov.mt).*

*Once the application form is filled in, one can:*

- *Send it by post to Aġenzija Sapport at the address Patri Ġwann Azzopardi Street, Santa Venera SVR1614*
- *Or submit via an online application from the Agency's website [www.sapport.gov.mt](http://www.sapport.gov.mt)*