Applikazzjoni Ghal Bdil Ta' Skola Tas-Sewqan

Change of Motoring
School Form

TRANSPORT MALTA

Land Transport Directorate

Driver and Vehicle Licensing Unit

Hornworks Ditch

Floriana FRN 1221

Tel:25560000



www.transport.gov.mt

Date:~				
Name:~		DLA:~		
Address:~		I.D. No.:~		
		Mob. No.:~		
		Tel No:~		
Director, I, the undersigned, wish to inform you that I have changed my motoring school from to Attached is a copy which is to be given to my former motoring school.				
Signature of Applicant	Si	gnature and Stamp o	f New Motoring S	ichool
for office use only				
Change of Motoring school has been effected and extended till				
		TM officer		