

**Applikazzjoni Ghal Tigdid
Ta' Permess Ta' Taghlim
Tas-Sewqan**

*Extension of a Learner's
Permit Form*

TRANSPORT MALTA
*Land Transport Directorate
Driver and Vehicle Licensing Unit
Hornworks Ditch
Floriana FRN 1221
Tel:25560000
www.transport.gov.mt*



Date:~ _____

DLA:~ _____

Name:~ _____

Address:~ _____

I.D. No.:~ _____

Tel No:~ _____

Mob. No.:~ _____

Motoring School:~ _____

Director,

I, the undersigned, request to have my Driving Licence Application Permit extended for another year since I am not ready to sit for the test.

Signature of Applicant

for office use only

The Learner's permit's expiry date has extended till

_____|_____|_____

TM officer _____