

# PERSONS WITH SPECIAL NEEDS - WORKING IN VALLETTA APPLICATION



**FORM A1.8**

Personal details of applicant:

Name and Surname:

Tel. / Mob.:

Address:

E-mail

Fax:

ID: (Please attach copy of ID)

Employer's name and address in Valletta:

Vehicle owned by person with special needs working in Valletta\*:

Registration number and description of vehicle	

\* Applicant should provide a copy of the blue sticker and a payslip or letter from employer, or copy of VAT returns confirming employment in Valletta.

Applicants must allow access to their residence by the Local Council to check eligibility. Refusal to allow access will lead to disqualification from applying for exemption. The application is subject to the CVA Board approval.

Signature of Applicant:

Signature of receiving clerk:

Date:

FOR OFFICE USE ONLY

Input date:

Documents required:

Proof of employment

CVA acknowledgement no:

Copy of blue sticker

Approved on:

Reason for non-approval:

Where a person filing an application for exemption knowingly supplies false or incorrect information, such person shall be guilty of an offence and shall, on conviction, be liable to a penalty (multa) of not more than Lm300 (€698.81).