

VEH 15A	<b>Transport Malta</b> <b>Land Transport Directorate</b>  Telephone: (00356) 2556 0000 Website: www.transport.gov.mt	 <b>Transport Malta</b>
<b>APPLICATION FORM TO INSPECT AND DETERMINE THE REGISTRATION VALUE (RV) OF A USED MOTOR VEHICLE (INCLUDING MOTORCYCLES) TO BE REGISTERED AS CLASSIC, VINTAGE OR VETERAN</b>		

Section A: Personal Details of Applicant	
Name	Surname
Address	ID Card No.
	Telephone No.
	Mobile Phone.

Section B: Vehicle Details		
Registration No.		File No. <i>(for office use only)</i>
Make	Model	Body Type
Chassis / Frame No.	Engine No.	Engine Capacity
Colour	Year of Manufacture	Date of Arrival

Section C: Supporting documents and Applicable Fees	v
Application form VEH 15 & vehicle photos	
Invoice <i>(not required if the vehicle is over 50 years of age)</i>	
Notice of arrival <i>(not required if the vehicle is over 50 years of age)</i>	
Foreign Registration Certificate (log Book)	
Payment of €50.00 Administrative fee	

Section D: Declaration by Applicant		
<p>I am aware that this Registration Value is without prejudice, and is subject to a physical inspection of the vehicle. I hereby declare that the information submitted above is true, complete and correct and tallies with the foreign registration certificate. <b>I also declare that I am aware that this application form together with the above mentioned supporting documents and application form VEH 15 together with the relative photos of the vehicle must be presented at the Land Transport Directorate within 20 days from date of importation of the vehicle (Motor Vehicle Registration and Licensing Act (CAP 368) Article 21(4)), failing which a late registration fee of €30.00 per day applies.</b></p>		
_____ Applicant's Signature	_____ ID Card Number	_____ Date

Section E: For office use only			
Payment for the Inspection fee	Processing Copy	No.	VERA Receipt Number _____
	Cheque	Bank & No.	

**Section F: Inspection Report and Registration Value – To be completed by the Vintage Vehicle Classification Committee**

**1. VEHICLE INSPECTION: To be filled in by the Inspector if the data submitted in Section B is incomplete**

Registration No.		File No.	
Make of Vehicle	Model	Body Type	
Chassis / Frame No.	Make of Engine	Engine No.	
Engine Capacity	Gross Vehicle Weight	Colour	
Year of Manufacture	Seating Capacity	Condition	

**THIS INSPECTION FORM IS VALID FOR ONE (1) YEAR**

**2. Overall Remarks/Comments:**

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\_\_\_\_\_

\_\_\_\_\_

**3. REGISTRATION VALUE**

Invoice Value: _____	Registration value upon which the registration tax is going to be calculated: € _____
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\_\_\_\_\_

Name & Surname: \_\_\_\_\_

ID Card no.: \_\_\_\_\_

Signature and Rubber stamp  
Vintage Vehicle Classification Committee Member

Date: \_\_\_\_\_

**4. Approval by Vintage Vehicle Classification Committee**

\_\_\_\_\_

Signature and Rubber stamp  
Vintage Vehicle Classification Committee

\_\_\_\_\_

Date