

# PERSONS WITH SPECIAL NEEDS - WORKING IN VALLETTA APPLICATION FORM A1.8



## ***Applicant Information:***

Name and Surname:

ID number:  
(copy of applicant if required)

Address:

Tel. / Mob.:

Employer's name and address in Valletta:

E-mail:

**Vehicle Registration Number** of vehicle owned by persons with special needs working in Valletta\*:

Vehicle Registration	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 requested:

Proof of employment  
Copy of blue sticker

CVA acknowledgement no:

Approved on:

Reason for non-approval: