

LA16 – Application Form –

Registration of Director of Diving / Substitute

In Terms of Subsidiary Legislation 409.13 – Recreational Diving Services Regulations

Prerequisites: To complete this application form, Applicants are required to submit the following documents:

Documents to be provided:

- a) Copy of both sides of Identity Card;
- b) Valid Instructor Medical Certificate issued by a Hyperbaric Doctor;
- c) A signed declaration of logged dives as an instructor (requires a minimum of 400 dives, of which 300 in local waters);
- d) Valid Police Conduct;
- e) Copy of Qualification, Certificate, or Card of a Level 2 Instructor;
- f) Signed letter to the Authority, declaring sufficient knowledge and competencies to fulfil the duties and responsibilities as Director of Diving or Substitute Director of Diving.

Notes:

¹**All documents to be submitted in PDF format.**

Information: For further information as regards the legal standards one needs to attain, prior to the issuance of a license, and in order to maintain this license once obtained, Applicants should review Subsidiary Legislation 409.13 in the following link:

<https://legislation.mt/eli/sl/409.13/eng>.

Warning: False statements, misrepresentation, or concealment of material fact in this form and the supporting documents presented for this application will constitute an offence which may lead to refusal, suspension, or revocation of the license, along with administrative, civil, and/or criminal consequences at law.

Data Protection Statement: Personal information provided in this application is protected under the Data Protection Act (Chapter 586 of the Laws of Malta). The Malta Tourism Authority will process your personal data in accordance with the provisions of the Data Protection Act for licensing, compliance, and related administrative purposes, and to comply with the Authority's legal obligations. Upon approval of the application, the Authority will publish the license number, the name of the establishment, the license category, and the address. For further information about how your data is processed and your rights, please consult the Authority's privacy notice or contact the Data Protection Officer at dataprotection.mta@visitmalta.com.

Assistance: For any queries, please call the Licensing Department on +356 2291 5000, or email licencing.mta@visitmalta.com.

1. Licensee Details:

- Name

Name:* _____ Surname:* _____

- Identity Card Number:* _____
- Tel/Mobile Number:* _____
- Email:* _____

2. Establishment Details:

- Name of Establishment:* _____
- Number of Establishment:* _____
- Address:* _____

- Locality:* _____
- Local Council:* _____
- Postcode: _____
- MTA License Reference:* _____

3. Director of Diving Details: (if applicable)

- Name

Name:* _____ Surname:* _____

- Identity Card Number:* _____
- Nationality:* _____
- Address:* _____

- Locality:* _____
- Tel/Mobile Number:* _____
- Email:* _____

4. Substitute Details: (if applicable)

- Name

Name:* _____ Surname:* _____

- Identity Card Number:* _____

- Nationality:* _____

- Address:* _____

- Locality:* _____

- Tel/Mobile Number:* _____

- Email:* _____

5. Previously Registered Director of Diving to be Removed: (if applicable)

Name and Surname	Identity Card Number

6. Previously Registered Substitute to be Removed: (if applicable)

Name and Surname	Identity Card Number

7. Declaration by Licensee/Director of Diving/Substitute: (as applicable)

- a) Operations (tick all):*
 - I hereby declare that I have sufficient knowledge and competencies to fulfil my duties and responsibilities as Director of Diving/Substitute as required by all the regulations and am fully committed towards the fulfilment of such regulations and legislation currently in force, and undertake to observe any further regulation and/or legislation that may come into force.

- b) General (tick all):*
 - I/We declare that I/We have read and understood the ‘Warning’ in this Application Form;
 - I/We declare that the statements and information provided in or with this application are true, accurate and complete to the best of My/Our knowledge and belief, and acknowledge that making a false declaration or submitting false documentation may constitute an offence and may lead to refusal, suspension or revocation of any license and/or to administrative, civil and/or criminal consequences according to law;
 - I/We declare that I/We have read and understood the Data Protection Statement in this application form and consent to the processing of personal data for the purposes stated therein;
 - I/We declare that I/We have read and understood Subsidiary Legislation 409.13.

8. Signature of Licensee:

- Signature of Licensee:* _____
- Signatory’s Full Name and Surname:* _____
- Date:* _____

9. Signature of Director of Diving: (if applicable)

- Signature of Director of Diving:* _____
- Signatory’s Full Name and Surname:* _____
- Date:* _____

10. Signature of Substitute: (if applicable)

- Signature of Substitute:* _____
- Signatory's Full Name and Surname:*

- Date:* _____

11. Checklist for Director of Diving or Substitute:

1	Copy of both sides of Identity Card;	
2	Valid Instructor Medical Certificate issued by a Hyperbaric Doctor;	
3	A signed declaration of logged dives as an instructor (requires a minimum of 400 dives, of which 300 in local waters);	
4	Valid Police Conduct;	
5	Copy of Qualification, Certificate, or Card of a Level 2 Instructor;	
6	Signed letter to the Authority, declaring sufficient knowledge and competencies to fulfil the duties and responsibilities as Director of Diving or Substitute Director of Diving.	

Notes:

¹All documents to be submitted in PDF format.

For Office Use Only

Application Reference: _____

Date Received: _____

Processed by: _____