



Application for a Recreational Dive Centre Licence

(in terms of the Recreational Diving Service Provider Regulations, 2004)

File Reference

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Receipt No Receiving Officer:

**MALTA TOURISM AUTHORITY
Licensing Administration Section
229 Merchants Street
Valletta VLT 1170**

Date Received Stamp:

This application for a Permit to operate a DIVE CENTRE is in 9 parts. All parts are to be filled in. Part 9 is to signed by applicant and spouse. **This application carries a fee of € 46.59.**

Warning to applicant: Any false statements, misrepresentation or concealment of material fact on this form or on any document presented in support of this application, may be grounds for criminal prosecution.

DATA PROTECTION STATEMENT: Personal information provided in your application is protected under the Data Protection Act 2001. The Malta Tourism Authority will process your personal data in accordance with the provisions of the Data Protection Act (Chapter 440 of the Laws of Malta) for licensing and administrative purposes and to comply with the Authority's legal obligations. Upon approval of your application, the Authority, occasionally, may use your personal details for marketing purposes.

If you still have queries you can telephone for advice on phone no. 22915000.

To be completed in BLOCK LETTERS

| 01 | DETAILS OF ESTABLISHMENT |
|----|--------------------------|
| | Name of Premises _____ |
| | Address _____ |
| | Postcode _____ |
| | Telephone _____ |
| | Fax _____ |
| | VAT Number _____ |
| | File Reference _____ |

| | |
|-----------|---|
| 02 | DETAILS OF APPLICANT |
| | Name & Surname _____ |
| | I.D. Card Number _____ |
| | Nationality _____ |
| | Address _____ |
| | Business Address _____ |
| | Tel /Mobile _____ |
| | Fax _____ |
| | E-Mail _____ |
| | Internet _____ |
| | Registered company name _____ |
| | <i>(if applicant is a body corporate)</i> |
| | Registered company number _____ |

| | |
|-----------|---|
| 03 | DETAILS OF OPERATOR <i>(if different from applicant)</i> |
| | Name & Surname _____ |
| | I.D. Card Number _____ |
| | Nationality _____ |
| | Address _____ |
| | Tel /Mobile _____ |
| | Fax _____ |
| | E-Mail _____ |

| | |
|--------------------------|--|
| 04 | DETAILS OF PROPOSED OPERATION |
| | (What type of Recreational Diving Service is proposed?) |
| <input type="checkbox"/> | Training and Educational; |
| <input type="checkbox"/> | Organised and Guided Diving; |
| <input type="checkbox"/> | Rental of Scuba |
| <input type="checkbox"/> | Supply of Breathing Gases to Divers |

| | |
|-----------|--|
| 05 | DOCUMENTARY REQUIREMENTS |
| | <i>(the following documents are to be submitted <u>with application</u>)</i> |
| ■ | a) Police Conduct Certificate of applicant and of operator. |
| ■ | b) C.V. of operator. |
| ■ | c) Site plan and layout plan of premises. |
| ■ | d) If Application refers to a Dive Centre operated by a Club, a copy of the Club Statute and the Registration of the Club, are required. |

| | |
|-----------|---|
| 06 | DOCUMENTARY REQUIREMENTS |
| | <i>(the following documents are to be submitted <u>after MTA has issued a Tourism Compliance Certificate</u>)</i> |
| ■ | a) MEPA permit authorising this development or its use as a Dive Centre |

| | |
|-----------|---|
| 07 | DOCUMENTARY REQUIREMENTS |
| | <i>(the following documents are to be submitted <u>after MTA has received MEPA permit as listed in part 06</u>)</i> |
| ■ | a) Names and Certificates attesting to professionalism of the operator and <u>Director of Diving.</u> <i>(See Recreational Diving Service Provider Regulations, 2004)</i> |
| ■ | b) List of the diving equipment available on premises. |
| ■ | c) Certificate by the Manufacturer or its local Agent that the equipment to be used by the Dive Centre conforms with Local European standards; |
| ■ | d) Certificate by the Manufacturer or its Local Agent confirming that the Compressors conform with Local and European standards; |
| ■ | e) Third party liability insurance. (Minimum €232,937.00) . |

| | |
|-----------|--|
| 08 | Declaration regarding right of use of the premises: |
| | <p>I hereby declare that I have sought and procured the consent of the owner of the premises to process this application in terms of law.</p> <p>Signature of applicant</p> <p>Name of applicant</p> <p>. I.D Card Number of applicant</p> <p>Signed in the presence of</p> <p>(Please enclose photo copy of both sides of applicant's I.D. card).</p> |

9 DECLARATION BY APPLICANT AND SPOUSE

This form is to be signed as follows:-

- a) If the applicant is an individual, by that individual and his/her spouse
- b) If the applicant is a company or any other organisation, by a duly authorised person on behalf of the company or organisation, who should state his official position within the company or organisation;

I, the undersigned, declare that :-

- a) I shall, at all times abide by the provisions of the Malta Travel & Tourism Services Act (Cap 409) and regulations made thereunder.
- b) I bind myself to inform the Authority of any changes in circumstances regarding the information given above within two weeks of its occurrence.
- c) I shall submit any additional information or documentation that the Authority may require for the processing of this application.
- d) I declare that the information given on this form is accurate and complete.
- e) I have read the data protection statement and **(tick as appropriate)**

I CONSENT to the information provided on this application being disclosed as described in the statement.

OR

I DO NOT CONSENT to direct marketing.

Signature of Applicant

Signatory's name

On behalf of (if applicable).....

Official Position

Signature of Spouse

Name of Spouse

Date

This form should be returned to the Malta Tourism Authority, Licensing & Administration Section at the address shown on the front cover.