



DEPARTMENT OF TRANSPORT
National Public Transport Regulator
NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION FROM ACCREDITED TOURIST TRANSPORT OPERATOR FOR CERTIFICATION OF ADDITIONAL VEHICLES

SECTION A

PARTICULARS OF APPLICANT

Name of company, partnership, corporation or other legal entity, or surname in the case of a sole proprietor.

First names, if sole proprietor (not more than 3)

Accreditation number

Table with 2 columns for identification types: RSA identity document, Temporary identity certificate, Passport, Foreign identity document, Founding statement, Certificate of incorporation, Memorandum of Understanding, Partnership Agreement.

Complete only if particulars have changed:

Identity no. / passport no. / business registration number

Trade name (if applicable)

Type of business

Postal address and code

Street address (if different from postal address)
Domicilium citandi et executandi

Telephone number(s)

Code

Facsimile number (if any)

E-Mail address (if any)

Income tax registration number

SECTION B

PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON

In the case of a company, partnership, close corporation or other juristic person, particulars of the person responsible to represent it must be given:

Surname

First names (not more than 3)

Identity number

Table with 2 columns for identification types: RSA identity document, Passport, Other (specify)

Telephone number

Cell number

**PARTICULARS OF ADDITIONAL VEHICLES FOR CERTIFICATION**

**Vehicle 1:**

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

**Vehicle 2:**

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

**Vehicle 3:**

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

**\*In the case of more vehicles, provide the same particulars on a separate sheet as an attachment.**

**DECLARATION**

I, the undersigned (full name) .....  
 certify that the information furnished in this application form is true and correct.  
 I accept that if information supplied in this application is found to be false, the application will be rejected and I may be disqualified from making an application for an operating licence in the future.

.....  
 Signature

.....  
 Date

.....  
 Name of person

Name of legal entity (if applicable)

.....  
 Signature of designated official

**FOR OFFICE USE ONLY**

Captured application details on OLAS  /  /   
Y Y Y Y M M D D

Reference number

Amount Paid R

Official's name   
 /  /   
Y Y Y Y M M D D

**CHECKLIST**

A certified copy of one of the following:	RSA Identity Document	
	Passport	
	Temporary RSA Identity Document	
	Foreign Identity Document	
	Partnership Agreement	
	Board Resolution/ Founding agreement	
Proof of registration and licencing of vehicles.		
Service records of vehicle/s.		

