



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

APPLICATION FOR THE GRANTING, RENEWAL, AMENDMENT, TRANSFER OR CONVERSION OF AN OPERATING LICENCE OR PERMIT FOR INTERPROVINCIAL SERVICES

SECTION A (Compulsory for all application types)

TYPE OF APPLICATION

This application is for

Application type:		Compulsory sections to be completed by applicant:
1) New operating licence	<input type="checkbox"/>	A, B, C, F, G, H, K, L
2) Transfer of an operation licence or permit	<input type="checkbox"/>	A, B, C, D, E, F, G, H, K, L
3) Amendment of an operating licence or permit	<input type="checkbox"/>	A, B, C, D, F, G, H, K, L
a) Additional authority	<input type="checkbox"/>	
b) Amendment of route or area	<input type="checkbox"/>	
c) Change of particulars	<input type="checkbox"/>	
e) Amendment of timetables, tariffs or other conditions	<input type="checkbox"/>	
f) Replace existing vehicle	<input type="checkbox"/>	
g) OL for recapitalized vehicle	<input type="checkbox"/>	
4) Renewal of an operating licence or permit	<input type="checkbox"/>	A, B, C, D, F, G, H, K, L
5) Conversion of a permit to an operating licence	<input type="checkbox"/>	A, B, C, D, F, G, H, K, L

SECTION B (Compulsory for all application types)

PARTICULARS OF APPLICANT

Name of company, partnership, corporation or other legal entity, or surname in the case of a sole proprietor.	<input type="text"/>												
First names, if sole proprietor (not more than 3)	<input type="text"/>												
Type of identification	<table border="1"> <tr> <td>RSA Identity Document</td> <td>Temporary Identity Certificate</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Passport</td> <td>Foreign Identity Document</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Founding Statement</td> <td>Certificate of Incorporation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Memorandum of Understanding</td> <td>Partnership Agreement</td> <td><input type="checkbox"/></td> </tr> </table>	RSA Identity Document	Temporary Identity Certificate	<input type="checkbox"/>	Passport	Foreign Identity Document	<input type="checkbox"/>	Founding Statement	Certificate of Incorporation	<input type="checkbox"/>	Memorandum of Understanding	Partnership Agreement	<input type="checkbox"/>
RSA Identity Document	Temporary Identity Certificate	<input type="checkbox"/>											
Passport	Foreign Identity Document	<input type="checkbox"/>											
Founding Statement	Certificate of Incorporation	<input type="checkbox"/>											
Memorandum of Understanding	Partnership Agreement	<input type="checkbox"/>											
*(Attach a certified copy)													

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Passport	Foreign Identity Document	<input type="checkbox"/>											
Founding Statement	Certificate of Incorporation	<input type="checkbox"/>											
Memorandum of Understanding	Partnership Agreement	<input type="checkbox"/>											
*(Attach a certified copy)													
Identity no. / passport no. / business registration number	<input type="text"/>												
Trade name (if applicable)	<input type="text"/>												
Type of business	<input type="text"/>												

Postal address and code																Postal Code			
Street address (if different from postal address) <i>Domicilium citandi et executandi</i>																Postal Code			
Telephone number (s)											Code								
											Code								
Facsimile number (if any)											Code								
E-mail address (if any)																			
Income tax registration number [Attach original Tax Clearance Certificate]																			

SECTION C (Compulsory for all application types)

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																			
Type of identification	RSA Identity Document						Passport						Other (specify)						
Telephone number											Code								
Cellphone number																			
Identity no. / passport no. / business registration number																			
Trade name (if applicable)																			
Type of business																			
Postal address and code																Postal Code			
Street address (if different from postal address) <i>Domicilium citandi et executandi</i>																Postal Code			
Telephone number (s)											Code								
											Code								
Facsimile number (if any)											Code								
E-mail address (if any)																			
Income tax registration number [Attach original Tax Clearance Certificate]																			

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

Type of identification

RSA Identity Document		Passport	
Other (specify) <input type="text"/>			

Telephone number Code

Cellphone number

SECTION D (Compulsory for all application types 2, 3, 4 and 5)

PARTICULARS OF EXISTING OPERATING LICENCE OR PERMIT (In the case of an application for renewal, amendment, transfer or conversion)

Openrating licence number / permit number

REGULATORY ENTITY which issued the operating licence / permit

Date of issue / / Expiry Date / /
Y Y Y Y M M D D Y Y Y Y M M D D

Attach a certified copy of operating licence or permit. A permit must first be converted to an operating licence before it may be renewed, amended or transferred. The original permit must be handed in upon upliftment of operating licence.

SECTION E (Compulsory for all application types 2, 3, 4 and 5)

PARTICULARS OF PERSON OR ENTITY TO WHICH THE OPERATING LICENCE IS TO BE TRANSFERRED (In the case of an application for transfer)

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)

Type of identification

RSA Identity Document		Temporary Identity Certificate	
Passport		Foreign Identity Document	
Founding Statement		Certificate of Incorporation	
Memorandum of Understanding		Partnership Agreement	

*(Attach a certified copy)

Identity no. / passport no. / business registration number

Trade name (if applicable)

Type of business

Postal address and code Postal Code

Street address (if different from postal address)

Domicilium citandi et executandi Postal Code

Telephone number (s) Code

Code

Facsimile number (if any) Code

E-mail address (if any)

Income tax registration number

*Attach an original Tax Clearance Certificate

* Include written consent of transferor

In the case of Meterred Taxis, please describe the area which will be serviced

Empty rectangular box for describing the service area.

SECTION H (compulsory for all application types)

AUTHORISED RANKS AND TERMINALS

State the authorised ranks and terminals used or to be used

Empty rectangular box for listing authorised ranks and terminals.

SECTION I

PARTICULARS OF CONTRACT (In the case of a contracted service)

A certified copy of the contract is to be attached. (Note: Only contracts with National, Provincial or local sphere of government)

Type of contract

Form with checkboxes for 'Commercial service contract', 'Subsidised service contract', and 'Negotiated Contract'.

Contract reference number

Grid for entering the contract reference number.

Name of parties to the contract

Two lines for entering the names of the parties to the contract.

Addresses of parties to the contract

Grids for entering addresses of parties to the contract, including postal code fields.

Name of sub-contractor (if applicable)

Empty box for entering the name of a sub-contractor.

Address of sub-contractor (if applicable)

Grid for entering the address of a sub-contractor, including postal code field.

Duration of contract

Form for entering the duration of the contract in years, months, and days.

SECTION J

TIME TABLES (In the case of a scheduled service)

The applicable (current) time tables are attached as Annexure

Form with 'Yes' and 'No' checkboxes.

SECTION K (Compulsory for all application types)

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 future.

Signature

Date

Name of person

Name of legal entity (if applicable)

Grid for entering the name of the legal entity.

VEHICLE DETAILS

For new applications, please indicate the type of vehicle/s that you intend to purchase (if no vehicle is owned at present): *Please note that operating licences are granted per vehicle. Therefore, the applicant is required to pay the fee for each vehicle listed in this application. If applications are made for more than three (3) vehicles, please attach a separate page containing the details below.

Table with columns: Type, No. Rows: Motor car, Minibus, Midibus, Bus, Other

Seating capacity grid: 5 columns x 5 rows

Number of vehicles to be purchased: []

Vehicle 1:

Vehicle registration number, Vehicle identification number (VIN), Type of vehicle, Year of manufacture, Make of vehicle, Number of passengers to be carried, Number of kilometres travelled, Already Purchased? Yes No

Vehicle 2:

Vehicle registration number, Vehicle identification number (VIN), Type of vehicle, Year of manufacture, Make of vehicle, Number of passengers to be carried, Number of kilometres travelled, Already Purchased? Yes No

Vehicle 3:

Vehicle registration number, Vehicle identification number (VIN), Type of vehicle, Year of manufacture, Make of vehicle, Number of passengers to be carried, Number of kilometres travelled, Already Purchased? Yes No

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (If applicable)

This operating licence is issued subject to the following conditions

*Or attach conditions imposed as a schedule

Empty rectangular box for listing conditions.

Date of issue

Grid for date of issue: YYYY / MM / DD

Signature of designated official of Regulatory Entity

OPERATING LICENCE PARTICULARS

Operating Licence 1

Operating Licence number

Grid for Operating Licence number.

Valid from

Grid for Valid from date: YYYY / MM / DD

Valid to

Grid for Valid to date: YYYY / MM / DD

Captured application details on OLAS

Grid for Captured application details on OLAS: YYYY / MM / DD

Date submitted to Publications

Grid for Date submitted to Publications: YYYY / MM / DD

Date referred to PRE's and Planning Authority

Grid for Date referred to PRE's and Planning Authority: YYYY / MM / DD

Operating Licence 2

Operating Licence number

Grid for Operating Licence number.

Valid from

Grid for Valid from date: YYYY / MM / DD

Valid to

Grid for Valid to date: YYYY / MM / DD

Captured application details on OLAS

Grid for Captured application details on OLAS: YYYY / MM / DD

Date submitted to Publications

Grid for Date submitted to Publications: YYYY / MM / DD

Date referred to PRE's and Planning Authority

Grid for Date referred to PRE's and Planning Authority: YYYY / MM / DD

Operating Licence 3

Operating Licence number

Grid for Operating Licence number.

Valid from

Grid for Valid from date: YYYY / MM / DD

Valid to

Grid for Valid to date: YYYY / MM / DD

Captured application details on OLAS

Grid for Captured application details on OLAS: YYYY / MM / DD

Date submitted to Publications

Grid for Date submitted to Publications: YYYY / MM / DD

Date referred to PRE's and Planning Authority

Grid for Date referred to PRE's and Planning Authority: YYYY / MM / DD

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

FOR OFFICE USE ONLY

Date application received / /
Y Y Y Y M M D D

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

Reference number

Receipt number

Amount Paid R

Date submitted to Publications / /
Y Y Y Y M M D D

Date referred to OREs and Planning Authority / /
Y Y Y Y M M D D

Valid from / / Valid to / /
Y Y Y Y M M D D Y Y Y Y M M D D

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	
Valid Tax Clearance Certificate.		
Valid vehicle licence and registration		
Written consent of transferor in the case of a transfer and a certified copy of the transferor's operation licence or permit		
Has signed a statement to the effect that he or she or it, will comply with labour laws in respect of drivers and other staff, as well as sectoral determinations of the Department of Labour.		
Letter or document of recommendation in support of the application (if any).		