



Office of the KwaZulu-Natal Provincial Regulatory Entity
APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE
ADDITIONAL AUTHORITY

Operating Licence Number _____

PRE/Board which issued the operating licence _____

Date of Issue YYYY / MM / DD

Date of Expiry YYYY / MM / DD

State the reasons for amendment _____

SECTION A: OF APPLICANT

Name of company, partnership, corporation or other legal entity, or sole proprietor (surname):

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

Type of identification	<input type="checkbox"/>	RSA identity document	<input type="checkbox"/>	Temporary identity document
(tick where applicable and attach relevant document or certified copy)	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Foreign identity document
	<input type="checkbox"/>	Founding Statement	<input type="checkbox"/>	Certificate of Incorporation

Identity no./business registration number _____

Trade name (if applicable) _____

Type of business _____

Postal address _____

_____ Postal code _____

Street address (if different from postal address) _____

_____ Postal code _____

_____ Postal code _____

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Telephone Code _____ Number _____
Cell phone number Number _____
Facsimile number (if any) Code _____ Number _____
E-mail address (if any) _____

Tax Clearance Certificate Number:

SECTION B: OF PERSON RESPONSIBLE FOR A JURISTIC PERSON

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

Surname _____

First names (not more than 3)

Identity number _____

Type of identification RSA identity document Passport
(tick where applicable) Other (specify) _____

Telephone Code _____ Number _____

Cell phone number Number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Letter of Proxy from Juristic person attached

SECTION C: OF CURRENT VEHICLE

Vehicle to be replaced

Vehicle Registration Number _____

Chassis (VIN) Number _____

Engine Number _____

Vehicle Make & Model _____

Year of Manufacture _____

Type of Vehicle Motor Car Minibus Midibus Bus
 Other Specify _____

Carrying Capacity _____ Roadworthy certificate or COF Number _____

Expiry Date of Roadworthy Certificate of COF: YYYY / MM / DD

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Signature: _____

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SECTION D: TYPE OF PUBLIC TRANSPORT SERVICE

Type of Service Scheduled	Scheduled		Mode	Bus		Carrying Capacity	35 +	
Tick type of service. It may be necessary to tick more than one	Unscheduled			Midibus			17 - 35	
	Charter			Minibus Taxi			9 - 16	
	Tourist			Metered Taxi			4 - 8	
				Other				
	Staff							
	Scholar							
	Courtesy							
	Other (specify)							

In the case of long-distance services, state why passengers cannot use existing transport services and motivate why the proposed service is necessary (supporting documents may be attached):

SECTION E: OF ADDITIONAL ROUTES

In the case of Metered Taxis, please describe the area which will be serviced. If there are more routes, they must be described on a separate sheet of paper.

Describe the FIRST additional route in detail:

Origin (Departure point) _____

Destination _____

Detailed route description (state street names or road numbers and each point where passengers are picked up or set down, and, where applicable, beacons or land marks for each city, town, village or settlement. Vague route descriptions will not be accepted)

Describe the SECOND additional route in detail:

Origin (Departure point) _____

Destination _____

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SECTION G: ADDITIONAL TIME TABLES AND FARE TABLES (in the case of a contracted, scheduled service)

The applicable, new time tables and fare tables are required to be attached as an Annexure.

SECTION H: DECLARATION OF COMPLIANCE WITH LABOUR LAWS

I, _____ (name of operator), hereby declare that in the conduct of the public transport services covered by this application, I will comply with labour laws in respect of drivers and other staff, as well as sectoral determinations of the Department of Labour.

Signed: _____

Date: YYYY / MM / DD

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Signature: _____

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SECTION I: DECLARATION BY ASSOCIATION (Where the applicant is a member of a taxi association)

We, (a) _____ (full names),

ID Number: _____

(b) _____ (full names),

ID Number: _____

(c) _____ (full names),

ID Number: _____

the undersigned, duly authorised representatives of the _____
_____ (taxi association), hereby declare that the Executive Committee of said association agrees to and endorses the application sought by our member in this application and have provided a letter stating routes to be allocated.

Signature (a) _____

Date YYYY / MM / DD

Signature (b) _____

Date YYYY / MM / DD

Signature (c) _____

Date YYYY / MM / DD



SECTION J: AFFIDAVIT REGARDING PREVIOUS CONVICTIONS

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[In terms of Section 57(2)(b)(iv) of the National Land Transport Act, 2009 (Act No.5 of 2009) and Regulation 18]

I, the undersigned, _____ (full names), hereby make oath/affirmation and say:

I have/have not* been convicted of any of the following offences (state date of conviction and the court involved):

- An offence under the National Land Transport Act, 2009 (Act No.5 of 2009) or any relevant provincial legislation: _____
- An offence under the National Road Traffic Act, 1996 (Act No.93 of 1996) or the Road Traffic Act, 1989 (Act No.29 of 1989) or a provincial road traffic act: _____
- An offence listed in Schedule 1 to the Criminal Procedure Act, 1977 (Act No.51 of 1977), e.g. Murder, rape, etc: _____
- Possession of an unlicensed firearm or dangerous weapon as defined in the Dangerous Weapons Act, 1968 (Act No.71 of 1968), or illegal possession of explosives: _____

I, the undersigned (full name) _____ certify that the information furnished in this affidavit is true and correct.

Signature _____

Date YYYY / MM / DD

Signed and sworn to/affirmed before me at _____ on this _____ day of _____, 20_____ by the deponent who acknowledged that he/she knows and understands the contents of this affidavit.

First Name (s) _____ Surname _____

Rank: _____ Force Number _____

Physical address of Police Station _____

SAPS Commissioner of Oaths

*Delete whichever is not applicable.

SECTION K: DECLARATION BY APPLICANT

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Date Received _____

Signature: _____

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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 YYYY / MM / DD

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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): _____

Date of issue: YYYY / MM / DD

Signature of designated official of the KwaZulu-Natal Provincial Regulatory Entity

Date application received

YYYY / MM / DD

Captured application details on OLAS/ Legiti-mate

YYYY / MM / DD

Reference Number _____

Receipt Number _____

Amount Paid: R _____

Date submitted to Publications

YYYY / MM / DD

Date referred to Planning Authorities

YYYY / MM / DD

Valid from: YYYY / MM / DD

Valid to: YYYY / MM / DD

Official's name _____

For Office Use Only:

Date Received _____

Signature: _____

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CHECKLIST OF REQUIRED DOCUMENTS

	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<u>Additional Authority Application</u>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of applicant	Yes	Yes	Yes	Yes		
Company registration certificate (in case of a Juristic Person)	Yes	Yes	Yes	Yes		
· Original certified copy of Identity Document of representative						
· Proxy letter						
Original certified copy of Valid permit / operating licence (OL)	Yes	Yes	Yes	Yes		
Original certified copy of Professional Driver's Permit (PrDP)	Yes	Yes	Yes	Yes		
Original certified copy of the COR/ COF corresponding with the vehicle registration document	Yes	Yes	Yes	Yes		
Detailed route description including pick-up and drop off points	Yes	Yes	Yes	Yes		
Letter from Municipality approving route description	Yes	Yes	Yes	Yes		
Letter from Municipality or Private Property Facilitator commenting about ranking facilities	Yes	Yes	Yes	No		
Letter from Municipality (Planning Dept.) for permission if operation is from residence	Yes	Yes	Yes	Yes		
Proof of passenger liability insurance	Yes	Yes	Yes	Yes		
Copies of contracts between operator and employer	Yes	Yes	Yes	Yes		
Names and addresses of passengers to be conveyed (if applicable)	Yes	Yes	Yes	Yes		
Original valid tax clearance certificate/ correspondence from SARS on pin allocation and printed valid copy of the valid tax clearance.	Yes	Yes	Yes	Yes		

Date Name and Surname of Verifier Signature

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Date Received _____	
Signature: _____	