



Office of the KwaZulu-Natal Provincial Regulatory Entity
APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE
CHANGE OF SPECIFIED VEHICLE ON A PERMANENT BASIS (COV)

PARTICULARS OF EXISTING OPERATING LICENCE

Operating Licence Number _____

PRE/Board which issued the operating licence _____

Date of Issue _____ Date of Expiry _____ **SECTION**

A: PARTICULARS 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 RSA identity document Temporary identity

document (*tick where applicable and attach relevant document certified copy*) Passport Foreign identity document

attach relevant document certified copy

or

Founding Statement 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 _____

Telephone Code ____ Number _____

Cell phone number _____

Facsimile number (if any) Code ____ Number _____

E-mail address (if any) _____

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

Tax Clearance Certificate Number: _____

SECTION B: PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON

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

Surname _____

First names (not more than 3) _____

Identity number _____

Type of identification
(tick where applicable)

RSA identity document

Passport

Other (specify) _____

E-mail
address (if

Telephone

Code ____ Number _____

Cell phone number

Facsimile number (if any)
any) _____

Code ____ Number _____

Letter of Proxy from Juristic person attached

SECTION C: PARTICULARS OF EXISTING OPERATING LICENSE AND REASONS FOR AMENDMENT

Operating License Number _____

PRE/Board which issued the operating licence _____

Date of Issue _____ Date of Expiry _____

State the reasons for changing the vehicle: _____

* **NB:** In the case of these changes, please enclose written authorisation from the relevant planning authorities indicating their support, in particular with reference to the potential impact these changes may have on existing ranking and terminal facilities.

SECTION D: PARTICULARS OF CURRENT VEHICLE

Vehicle to be replaced

Vehicle Registration Number _____

Chassis (VIN) Number _____

Engine Number _____

Vehicle Make & Model _____

Year of Manufacture _____

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

Type of Vehicle Motor Car Minibus Midibus Bus

Carrying Capacity _____ Roadworthy certificate or COF Number _____

Expiry Date of Roadworthy Certificate of COF: _____

Vehicle to replace the abovementioned vehicle

Vehicle Registration Number _____

Chassis (VIN) 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: _____

SECTION E: PARTICULARS OF CONTRACT (in the case of a contracted service)

Type of Contract: Commercial Service Contract Subsidised Service Contract
Negotiated Contract

Contract Reference Number: _____

Name of Parties to the Contract: 1. _____

2. _____

Address of Parties to the Contract:

1. _____

_____ Code: _____

2. _____

_____ Code: _____

Name of Sub-Contractor (if applicable) _____

Address of Sub-Contractor _____

_____ Code: _____

Duration of Contract: From _____ to _____

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

SECTION F: 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: _____

SECTION G: 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 amendment sought by our member in this application.

Signature (a) _____ Date _____

Signature (b) _____ Date _____

Signature (c) _____ Date _____

STAMP

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

SECTION H: AFFIDAVIT REGARDING PREVIOUS CONVICTIONS

[In terms of Section 57(2)(b)(iv) of the NLTA, 2009 (Act No.5 of 2009) & 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 application affidavit is true and correct.

Signature _____ **Date** _____

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 (Signature)



For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

SECTION I: PROTECTION OF PERSONAL INFORMATION ACT, OF 2013

By signing this document, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, connected, used and disclosed in compliance with the Protection of Personal Information Act, of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purpose in as far as the Provincial Regulatory Entity, in executing its functions in line with the National Land Transport Act, must use my/our information in the performance of its public legal duty. I/We understand that my/our personal information may be disclosed to a third party in as far as the application in terms of the NLTA read with its Regulations in fulfilling its public legal duty. I/we furthermore understand that there are instances in terms of the above-mentioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

Signature _____

Date YYYY / MM / DD

*Delete whichever is not applicable

SECTION J: DECLARATION BY APPLICANT

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 license in the future.

Signature _____

Date _____

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

FOR OFFICE USE ONLY

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This operating license is issued subject to the following conditions (or attaches conditions imposed as a schedule): _____

Date of issue: _____

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

OPERATING LICENSE PARTICULARS In the case of additional operating licenses, provide the same particulars on a separate sheet as an attachment.

Operating License Number: _____

Valid from: _____ Valid to: _____

Captured application details on OLAS/Legit-mate: _____

Date submitted to publications: _____

Date referred to Planning authorities _____

Date application received _____

Reference Number _____

Receipt Number _____

Amount Paid: R _____

Official's name _____

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP

CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<u>Replacement Application (COV)</u>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Valid original permit / Operating License (OL)	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	No		
· Original certified copy of Identity Document of representative						
· Proxy letter						
Original certified copy of rank permit from municipality or in case of private property an original certified copy of letter from the landlord (not older than 3 months)	Yes	Yes	Yes	No		
Original valid tax clearance certificate/ correspondence from SARS on pin allocation and printed valid copy of the valid tax clearance.	Yes	Yes	Yes	Yes		
Original certified copy of the COR/ COF corresponding with the vehicle registration document	Yes	Yes	Yes	Yes		
Original certified copy of vehicle registration document / logbook	Yes	Yes	Yes	Yes		
Original certified copy of Professional Driver's Permit (PrDP)	Yes	Yes	Yes	Yes		
Written authorization from the planning authorities regarding their support of the application, with particular emphasis on the potential impact on existing ranking and terminal facilities	Yes	Yes	Yes	Yes		
Proof of passenger liability insurance	Yes	Yes	Yes	Yes		
Proof of Residential Address (not older than 3 months)						

V04052019

Date

Name and Surname of Verifier

Signature

For Office Use Only:

KZN DOT | Classified as Confidential

Date Received _____

Signature: _____

STAMP