



**Office of the KwaZulu-Natal Provincial Regulatory Entity**  
**APPLICATION FOR DUPLICATE OPERATING LICENCE**

[In terms of Regulation 28 to the National Land Transport Act, 2009 (Act No.5 of 2009)]

Attach a copy of a operating licence or decal, if available. If you are no longer in possession of the copy of an operating licence, an affidavit must be supplied with the application, giving the reasons why you are unable to submit it, accompanied by the vehicle Log Book, COR/ COF and Rank Permit if applicable. (No duplicate to be applied for in case of an expired operating licence)

**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) \_\_\_\_\_

Postal address \_\_\_\_\_

Postal code \_\_\_\_\_

Street address (if different from postal address): \_\_\_\_\_

\_\_\_\_\_

Postal code \_\_\_\_\_

Telephone Code \_\_\_\_\_ Number \_\_\_\_\_

Cell phone number Number \_\_\_\_\_

Facsimile number (if any) Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

Tax clearance Certificate Number:

\_\_\_\_\_

For Office Use Only:

Date Received \_\_\_\_\_

Signature: \_\_\_\_\_

**STAMP**

**SECTION B: 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

**SECTION C: DECLARATION**

I, the undersigned (full name\*) \_\_\_\_\_ certify that the information furnished in this application form is true and correct. I accept that if the 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. In the event that a lost operating license is found, it will be returned to the PFE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Or name of legal entity, if applicable

For Office Use Only:

Date Received \_\_\_\_\_

Signature: \_\_\_\_\_

**STAMP**

**CHECKLIST OF REQUIRED DOCUMENTS**

<b>REQUIREMENT/S</b>	<b>METERED TAXI</b>	<b>MINIBUS</b>	<b>MIDIBUS</b>	<b>BUS SERVICE</b>	<b>Received</b>	
<b><u>Duplicate Application</u></b>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of the 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						
Affidavit from SAPS stating reason for application	Yes	Yes	Yes	Yes		
Original certified copy of valid registration document / logbook corresponding to the Operating License	Yes	Yes	Yes	Yes		
Original certified copy of Professional Driver's Permit (PrDP)	Yes	Yes	Yes	Yes		
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	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**

For Office Use Only:  Date Received _____  Signature: _____	<b>STAMP</b>
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