



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR TEMPORARY OPERATING LICENSE (SPECIAL EVENT)

Caution: In terms of Section 60(3)(b) of the NLTA, 2009, an Operating License for a special event may not be granted if it will disrupt or prejudice any existing services, including your own, if applicable.

PARTICULARS OF EXISTING OPERATING LICENCE

Operating Licence Number _____

PRE/Board which issued the operating licence _____

Date of Issue YYYY / MM / DD

Date of Expiry YYYY / MM / DD

Name or description of Special Event _____

Duration of the event: YYYY / MM / DD to YYYY / MM / DD

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	<input type="checkbox"/>	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
		<input type="checkbox"/>	Partnership Agreement	<input type="checkbox"/>	Memorandum of Understanding

Identity no./business registration number _____

Trade name (if applicable) _____

Type of business _____

Postal address _____

Postal code _____

Street address (if different from postal address): _____

Date Received _____

Signature: _____

STAMP

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

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 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: PARTICULARS OF ROUTE Describe

the 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 – where applicable.

Vague route descriptions will not be accepted)

SECTION D: PARTICULARS OF VEHICLE (as per special event)

Vehicle Registration Number _____

Date Received _____	STAMP
Signature: _____	

Chassis (VIN) Number _____

Engine Number _____

Vehicle Make & Model _____

Year of Manufacture _____

Type of Vehicle Motor Car Minibus Midibus Bus
Other Specify _____

Carrying Capacity _____

SECTION E: 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 _____

Signature (b) _____ Date _____

Signature (c) _____ Date _____

ASSOCIATION STAMP

<p>.....</p> <p>Date Received _____</p> <p>Signature: _____</p>	<p>STAMP</p>
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SECTION F: 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 G: 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 YYYY / MM / DD

<p>.....</p> <p>Date Received _____</p> <p>Signature: _____</p>	<p>STAMP</p>
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FOR OFFICE USE ONLY

Date application received YYYY / MM / DD

Reference number _____

Amount Paid R _____

Official's name _____

TEMPORARY OPERATING LICENSE PARTICULARS

Operating License Number: _____

Valid from: YYYY / MM / DD to YYYY / MM / DD

Limited to the duration of the event.

Date Received _____

Signature: _____

STAMP

CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
Special Event/ Temporary Application						
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 License	Yes	Yes	Yes	Yes		
Letter from people hiring the vehicle including the following:	Yes	Yes	Yes	Yes		
· Contact details of hirer	Yes	Yes	Yes	Yes		
· Passenger list	Yes	Yes	Yes	Yes		
· Departure and return date	Yes	Yes	Yes	Yes		
· Destination	Yes	Yes	Yes	Yes		
· Any other information	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		
Original certified copy of Vehicle Registration / logbook	Yes	Yes	Yes	Yes		
Proof of passenger liability insurance	Yes	Yes	Yes	Yes		
Valid copy of COR/COF corresponding with logbook	Yes	Yes	Yes	Yes		

Date

Name and Surname of Verifier

Signature

<p>Date Received _____</p> <p>Signature: _____</p>	<h1>STAMP</h1>
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