



Office of the KwaZulu-Natal Provincial Regulatory Entity
APPLICATION FOR NEW OPERATING LICENSE

1. Applicants are advised to withhold purchase of vehicle until the outcome of the application is known.
2. Where different modes are being applied for, separate applications must be completed.
3. Please note that operating licenses are granted per vehicle. Therefore, the applicant is required to pay a fee for this application.
4. An incomplete application form WILL NOT be accepted by the PRE.

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

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: (tick where applicable and attach relevant document or certified copy)

RSA identity document Temporary identity document

Passport Foreign identity document

Founding Statement Certificate of Incorporation

Identity No./business registration number _____

Trade name (if applicable) _____

Type of business _____

Postal address _____

Postal code _____

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Street address (if different from postal address)

Postal code _____

Telephone number Code _____ Number _____

Cell phone number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Tax Clearance Certificate Number: _____

SECTION B: PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON (if applicable)

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 and attach relevant document or certified copy)

RSA identity document Temporary identity document

Passport Foreign identity document

Founding Statement Certificate of Incorporation

Telephone number Code _____ Number _____

Cell phone number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Letter of Proxy from Juristic Person attached

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SECTION C: TYPE OF PUBLIC TRANSPORT SERVICE

Type of Service	Scheduled		Mode	Bus		Carrying Capacity	35 +	
Scheduled								
(tick type of service. It may be necessary to tick more than one)	Unscheduled			Midi-bus			17 – 35	
	Charter			Minibus Taxi			9 – 16	
	Tourist			Metered Taxi			4 – 8	
	Staff			Other				
	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 D: PARTICULARS OF 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 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 landmarks for each city, town, village or settlement. Vague route descriptions will not be accepted)

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I, _____ (full name of operator), hereby declare that in the conduct of the public transport services for which I am responsible, I will comply with labour laws in respect of drivers and other staff, as well as sectorial determinations of the Department of Labour.

Signed: _____

Date: YYYY / MM / DD

SECTION H: 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) _____

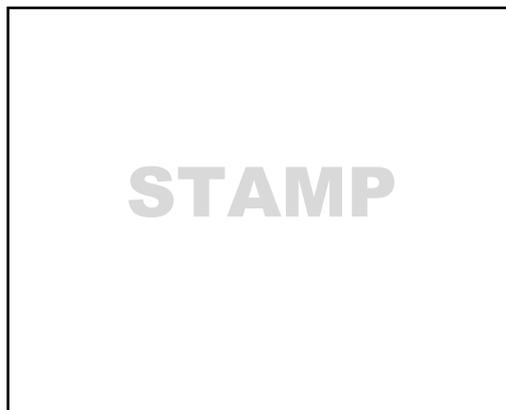
Date YYYY / MM / DD

Signature (b) _____

Date YYYY / MM / DD

Signature (c) _____

Date YYYY / MM / DD



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SECTION I: AFFIDAVIT REGARDING PREVIOUS CONVICTIONS

[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.

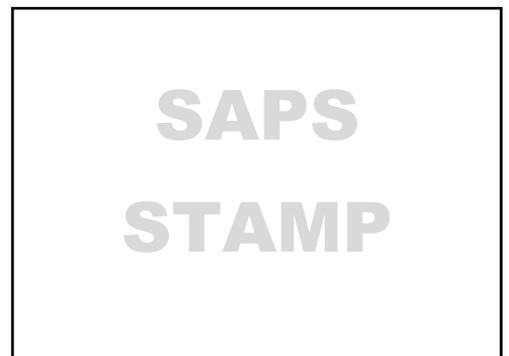
First Name(s) _____

Surname _____

Rank: _____

Force Number _____

Physical address of Police Station



SAPS Commissioner of Oaths (Signature)

*Delete whichever is not applicable.

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SECTION J: DECLARATION OF COMPLIANCE WITH LABOUR LAWS

I, _____ (name of operator), hereby declare that in the conduct of the public transport services for which I am responsible, I will comply with labour laws in respect of drivers and other staff, as well as sectorial determinations of the Department of Labour.

Signed: _____

Date: YYYY / MM / DD

SECTION K: 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 L: 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

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OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This operating license 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

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

Operating License

Operating License Number: _____

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

Captured application details on OLAS/Legiti-mate: YYYY / MM / DD

Date submitted to publications: YYYY / MM / DD

Date referred to Planning authorities YYYY / MM / DD

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Date application received YYYY / MM / DD

Captured application details on OLAS/Legiti-mate YYYY / MM / DD

Reference Number _____

Receipt Number _____

Amount Paid: R _____

Official's name _____

CHECKLIST OF REQUIRED DOCUMENTS

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REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
					Y	N
<u>New 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						
Certified copy of the contract between the applicant and the employer (if applicable)	Yes	Yes	Yes	Yes		
Original valid tax clearance correspondence from SARS of pin allocation	Yes	Yes	Yes	Yes		
Letter from association regarding allocation of routes (*if applicable)	*Yes	Yes	Yes	No		

_____ Date

_____ Name and Surname of Verifier

_____ Signature

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