



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR TRANSFER OF AN OPERATING LICENSE

(In terms of Section 58 of the National Land Transport Act, 2009 (Act No.5 of 2009) read with Regulation 6)

1. The applicant is the person wanting to acquire the license on the basis of a transfer from the transferor
2. Applicant is advised to withhold purchase of vehicle until the outcome of the application is known.
3. Both parties should appear before the committee on the day of the hearing. (viz. transferor & transferee)

PARTICULARS OF OPERATING LICENSE TO BE TRANSFERRED

Operating License Number _____

PRE/Board which issued the operating license _____

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	<input type="checkbox"/>	identity document	<input type="checkbox"/>	Temporary identity document
(tick where applicable and attach		<input type="checkbox"/>	Passport	<input type="checkbox"/>	Foreign
identity document		<input type="checkbox"/>		<input type="checkbox"/>	
relevant document or certified copy)			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 _____

For Office Use Only:

Date Received _____	STAMP
Signature: _____	

Telephone Code ____ Number _____

Cell phone number Number _____

Facsimile number (if any) Code ____ Number _____

E-mail address (if any) _____ Tax _____

Clearance Certificate Number: _____

Letter of Proxy from Juristic Person attached

SECTION B: 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	
	Staff			Other				
	Scholar		_____					
	Courtesy							
	Other (specify)							

In the case of transfer, have the services been provided continuously for a period of 180 days prior to the date of application?

If no, give reasons: _____

For Office Use Only:

Date Received _____	STAMP
Signature: _____	

Official's name _____

SECTION C: 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: _____

Contractor (if applicable) _____ Name of Sub-

Address of Sub-Contractor _____

_____ Code: _____

Duration of Contract: From _____ to _____

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

revision of time tables and/or fare tables is required in conjunction with this transfer, please enclose a copy of the revised time tables and/or fare tables.

For Office Use Only:

Date Received _____

STAMP

Signature: _____

Official's name _____

SECTION E: PARTICULARS OF CURRENT OPERATING LICENSE HOLDER (Transferor)

Surname/name of company, _____

corporation or other juristic persons _____

First names (not more than 3) _____

Type of identification RSA identity document Temporary identity document
 (tick where applicable and attach Passport Foreign
 identity document
 relevant document or certified copy) 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 Number Code ____ Number _____

Cellphone Number Number _____

Facsimile number (if any) Code ____ Number _____

E-mail address (if any) _____

SECTION F: DECLARATION OF COMPLIANCE WITH LABOUR LAWS

I, _____ (name of operator), hereby
 declare that, should I be granted this transfer, I undertake to comply with labour laws in respect of
 drivers and other staff, as well as sectoral determinations of the Department of Labour.

Signed: _____

Date: _____

For Office Use Only:

Date Received _____ **STAMP**

Signature: _____

Official's name _____

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 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 _____

STAMP

For Office Use Only:

Date Received _____ **STAMP**

Signature: _____

Official's name _____

SECTION H: 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), eg. 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, certify that the information furnished in this affidavit form is true and correct.

Signature (applicant) _____ 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

For Office Use Only: _____

Date Received _____ **STAMP**

Signature: _____

Official's name _____

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 & TRANSFEROR

We, the undersigned, certify that the information furnished in this application form is true and correct. We accept that if information supplied in this application is found to be false, the application will be rejected and we may be disqualified from making an application for an operating license in the future.

Full Names (applicant) _____

Signature (applicant) _____ Date _____

Full Names (transferor) _____

Signature (transferor) _____ Date _____

For Office Use Only:

Date Received _____

STAMP

Signature: _____

Official's name _____

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: _____

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/ Legiti-mate: _____

Date submitted to publications: _____

Date referred to Planning authorities _____

Date application received _____

Reference Number _____

Receipt Number _____

Amount Paid: R _____

For Office Use Only:

Date Received _____

STAMP

Signature: _____

Official's name _____

For Office Use Only:

Date Received _____

STAMP

Signature: _____

Official's name _____