



**Office of the KwaZulu-Natal Provincial Regulatory Entity  
APPLICATION TO CONVEY SCHOLARS**

- (1) Where a public transport service is dedicated to transporting scholars, Students, teachers or lecturers, the Minister may prescribe regulations on special requirements for those services, including, but not limited to—
  - (a) Requirements for supervision of scholars;
  - (b) Special requirements for drivers;
  - (c) Requirements for insurance;
  - (d) Documents that must be kept in the vehicle and special vehicle markings or livery; and (e) Requirements that drivers of other vehicles must stop their vehicles in the vicinity of vehicles loading or offloading scholars or students.
- (2) Such regulations may also be made applicable to services that are exempted under section 53(1)(g)
- (3) Applicants are advised to withhold purchase of vehicles until the outcome of the application is known
- (4) Where different modes are being applied for, separate applications must be completed.
- (5) Please note that operating licenses are granted per vehicle. Therefore, the applicant is required to pay a fee for this application.

**PARTICULARS OF EXISTING OPERATING LICENCE**

Operating Licence Number \_\_\_\_\_  
 PRE/Board which issued the operating licence \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Date of Expiry YYYY \_\_\_\_\_

**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
Relevant document or certified copy)		<input type="checkbox"/>	Founding Statement	<input type="checkbox"/>	Certificate of Incorporation

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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 \_\_\_\_\_

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

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

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

Clearance Reference 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  RSA identity document  Passport

(Tick where applicable) Other  (specify) \_\_\_\_\_

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

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

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

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

Letter of Proxy from Juristic Person attached

**C: TYPE OF PUBLIC TRANSPORT SERVICE**

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**SECTION**

Type of Service Scheduled	Scholar	Mode	Bus	Carrying Capacity	35 +
			Midibus		17 - 35
			Minibus Taxi		9 - 16
			Other		4 - 8

**SECTION D: PARTICULARS OF ROUTES**

**Please attach a schedule with typed routes as an annexure**

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

A certified copy of the contract is to be attached. (Note: Only contracts with National, Provincial or Local spheres of government.)

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 YYYY / MM / DD to YYYY / MM / DD

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**SECTION**

**F: DECLARATION BY ASSOCIATION** (Where the applicant is a member of an association)

We, a) \_\_\_\_\_ (full names),

ID Number: \_\_\_\_\_

b) \_\_\_\_\_ (full names),

ID Number: \_\_\_\_\_

c) \_\_\_\_\_ (full names),

ID Number: \_\_\_\_\_

the undersigned, duly authorised representatives of the \_\_\_\_\_  
\_\_\_\_\_ (Association), hereby declare that the Executive  
Committee of said association agrees to and endorses the amendment sought by our member in this application.

Chairman: Scholar Transport Signature \_\_\_\_\_

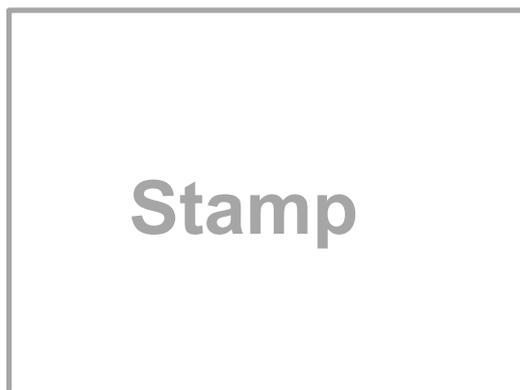
Date YYYY / MM / DD

Chairman: Taxi Association Signature \_\_\_\_\_

Date YYYY / MM / DD

Secretary: Taxi Association Signature \_\_\_\_\_

Date YYYY / MM / DD



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**SECTION**

**G: TIME TABLES AND FARE TABLES (in the case of a contracted, scheduled service)**

**The applicable (proposed) time tables and fare tables to be attached as an annexure.**

**SECTION H: 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 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

**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 YYYY / MM / DD

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

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**SECTION**

**K: 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 application form 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

\*Delete whichever is not applicable.

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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/Legit-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 \_\_\_\_\_

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

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