



Office of the KwaZulu-Natal Provincial Regulatory Entity
APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE
CHANGE OF TIMETABLES and/or FARES

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 RSA identity document Temporary identity document
(tick where applicable and attach relevant document or certified copy) 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 _____

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: _____

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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

SECTION C: PARTICULARS OF EXISTING OPERATING LICENCE AND REASONS FOR AMENDMENT

Operating Licence Number _____

PRE/Board which issued the operating licence _____

Date of Issue YYYY / MM / DD

Date of Expiry YYYY / MM / DD

State the reasons for amendment _____

SECTION D: TYPE OF PUBLIC TRANSPORT SERVICE

| Type of Service Scheduled (tick type of service. It may be necessary to tick more than one) | Scheduled | Mode | Bus | Carrying Capacity | 35 + |
|---|--------------|--------|---------|-------------------|---------|
| | Unscheduled | | Midibus | | 17 - 35 |
| Charter | Minibus Taxi | 9 - 16 | | | |
| Tourist | Metered Taxi | 4 - 8 | | | |
| Staff | Other | | | | |
| Scholar | | | | | |
| Courtesy | | | | | |
| Other (specify) | | | | | |

| | |
|---|----------------|
| For Office Use Only: Date Received _____ Signature: _____ | <h1>STAMP</h1> |
|---|----------------|

SECTION E: 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: _____

Name of Sub-Contractor (if applicable) _____

Address of Sub-Contractor _____

Code: _____

Duration of Contract: From YYYY / MM / DD to YYYY / MM / DD

SECTION F: UPDATED TIME TABLES and/or FARE TABLES (in the case of a contracted, scheduled service)

Please describe in detail how the relevant timetables and/or fare tables have changed. If necessary, attach a separate schedule to this application.

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Date Received _____

Signature: _____

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SECTION G: 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 sectoral determinations of the
Department of Labour.

Signed: _____

Date: YYYY / MM / DD

For Office Use Only:

Date Received _____

Signature: _____

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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 (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

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Date Received _____

Signature: _____

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*Delete whichever is not applicable.

SECTION I: 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 licence in the future.

Signature _____

Date YYYY / MM / DD

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OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This operating licence 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

Date application received YYYY / MM / DD

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

Reference Number _____

Receipt Number _____

Amount Paid: R _____

Date submitted to Publications YYYY / MM / DD

Date referred to Planning Authorities YYYY / MM / DD

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

Official's name _____

For Office Use Only:

Date Received _____

Signature: _____

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CHECKLIST OF REQUIRED DOCUMENTS

| REQUIREMENT/S | METERED TAXI | MINIBUS | MIDIBUS | BUS SERVICE | Received | |
|---|--------------|---------|---------|-------------|----------|--|
| Change of Time Application | | | | | | |
| Application form – fully completed and signed by applicant | Yes | Yes | Yes | Yes | | |
| Original certified copy of Identity Document of applicant or proxy | 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 Valid / Active original permit / Operating Licence (OL) and Route Annexure (Annexure 1) | 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 | | |
| Letter or document of recommendation in support of the application (if any). | Yes | Yes | Yes | Yes | | |
| Proof of consultation with affected stakeholders | Yes | Yes | Yes | Yes | | |
| Schedule/ Time table: existing and proposed | Yes | Yes | Yes | Yes | | |
| Fare table: existing and proposed | Yes | Yes | Yes | Yes | | |

_____ Date

_____ Name and Surname of Verifier

_____ Signature

For Office Use Only:

Date Received _____

Signature: _____

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