



Office of the KwaZulu-Natal Provincial Regulatory Entity
APPLICATION FOR CONVERSION OF A PERMIT

PARTICULARS OF EXISTING PERMIT TO BE CONVERTED

Permit Number _____

PRE/Board which issued the permit _____

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 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 _____

Cell phone number Number _____

Facsimile number (if any) Code ____ Number _____

E-mail address (if any) _____

Tax Clearance Certificate Number: _____

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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 _____

Facsimile number (if any) Code ____ Number _____

E-mail address (if any) _____

Letter of Proxy from Juristic Person attached

SECTION C: PARTICULARS OF CURRENT VEHICLE

Vehicle to be replaced

Vehicle Registration Number _____

Chassis (VIN) Number _____

Engine Number _____

Vehicle Make & Model _____

Year of Manufacture _____

Type of Vehicle Motor Car Minibus Midibus Bus
 Other Specify _____

Carrying Capacity _____ Roadworthy certificate or COF Number _____

Expiry Date of Roadworthy Certificate of COF: YYYY / MM / DD

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SECTION D: 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	
				Other				
	Staff							
	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 E: 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 land marks for each city, town, village or settlement. Vague route descriptions will not be accepted)

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Describe the SECOND 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. Vague route descriptions will not be accepted)

Describe the THIRD 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. Vague route descriptions will not be accepted)

Describe the FOURTH 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. Vague route descriptions will not be accepted)

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Describe the FIFTH 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. Vague route descriptions will not be accepted)

Describe the SIXTH 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. Vague route descriptions will not be accepted)

Describe the SEVENTH 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. Vague route descriptions will not be accepted)

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SECTION F: 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

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

The applicable (proposed) time tables and fare tables must 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

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Signature: _____

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SECTION I: 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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Date Received _____

Signature: _____

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SECTION J: 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 (signature)

*Delete whichever is not applicable.

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Signature: _____

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SECTION K: 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

For Office Use Only:

Date Received _____

Signature: _____

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OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This operating licence is issued subject to the following conditions (or attaches conditions imposed as a schedule):

Date of issue: YYYY / MM / DD

Signature of designated official of the KwaZulu-Natal Provincial Regulatory Entity

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

Operating Licence 1

Operating Licence 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 _____

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Date Received _____

Signature: _____

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CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
Conversion Application						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of the 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						
Valid / original permit / Route Annexure (Annexure 1) and decal	Yes	Yes	Yes	Yes		
Valid copy of COR/COF corresponding with logbook	Yes	Yes	Yes	Yes		
Original certified copy of vehicle registration document / logbook	Yes	Yes	Yes	Yes		
Original certified copy of Professional Driver's Permit (PrDP)	Yes	Yes	Yes	No		
Original certified copy of rank permit from municipality or in case of private property an original certified copy of letter not older than 3 months	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 from association allocating routes (if annexure 1 not available)	Yes	Yes	Yes	No		

Date_____
Name and Surname of Verifier_____
Signature

For Office Use Only:

Date Received _____

Signature: _____

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