



Office of the KwaZulu-Natal Provincial Regulatory Entity
APPLICATION FOR DUPLICATE OPERATING LICENCE

[In terms of Regulation 28 to the National Land Transport Act, 2009 (Act No.5 of 2009)]

Attach a copy of a operating licence or decal, if available. If you are no longer in possession of the copy of an operating licence, an affidavit must be supplied with the application, giving the reasons why you are unable to submit it, accompanied by the vehicle Log Book, COR/ COF and Rank Permit if applicable. (No duplicate to be applied for in case of an expired operating licence)

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) _____

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: _____

STAMP

SECTION B: DECLARATION

I, the undersigned (full name*) _____ certify that the information furnished in this application form is true and correct. I accept that if the 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. In the event that a lost operating license is found, it will be returned to the PFE.

Signature

Date

*Or name of legal entity, if applicable

For Office Use Only:

Date Received _____

Signature: _____

STAMP

CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<u>Duplicate Application</u>						
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						
Affidavit from SAPS stating reason for application	Yes	Yes	Yes	Yes		
Original certified copy of valid registration document / logbook corresponding to the Operating License	Yes	Yes	Yes	Yes		
Original certified copy of Professional Driver's Permit (PrDP)	Yes	Yes	Yes	Yes		
Original certified copy of rank permit from municipality or in case of private property an original certified copy of letter from the landlord (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		

_____ **Date**

_____ **Name and Surname of Verifier**

_____ **Signature**

For Office Use Only:

Date Received _____

Signature: _____

STAMP