



**Office of the KwaZulu-Natal Provincial Regulatory Entity**

**APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE**

**ADDITIONAL AUTHORITY**

[In terms of Section 58(1) of the National Land Transport Act, 2009 (Act No.5 of 2009)]

**PARTICULARS OF EXISTING OPERATING LICENCE AND REASON 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 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 Code \_\_\_\_ Number \_\_\_\_\_

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

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

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

Tax Clearance Certificate 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 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 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

**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	
	Staff			Other				
	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 ADDITIONAL 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 additional 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 SECOND additional 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 additional 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)**

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

The applicable, new time tables and fare tables are required 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 covered by this application, 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

**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) \_\_\_\_\_

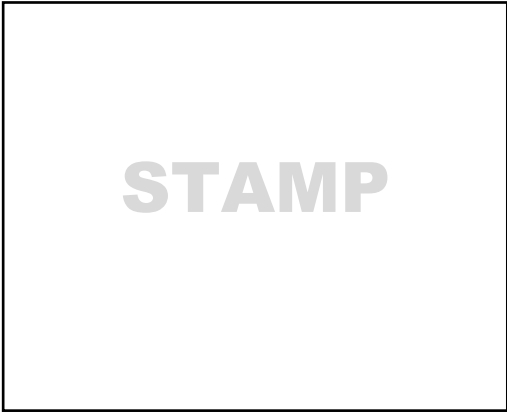
Date YYYY / MM / DD

Signature (b) \_\_\_\_\_

Date YYYY / MM / DD

Signature (c) \_\_\_\_\_

Date YYYY / MM / DD



**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 affidavit 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.

**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****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 / DDValid from: YYYY / MM / DDValid to: YYYY / MM / DD

Official's name \_\_\_\_\_

**CHECKLIST OF REQUIRED DOCUMENTS**

<b>No.</b>	<b>Documents Required</b>	<b>Yes</b>	<b>No</b>
1	Application form – fully completed and signed by applicant		
2	Original certified copy of Identity Document of applicant		
3	Company registration certificate (in case of a Juristic person) <ul style="list-style-type: none"> <li>• Original certified copy of Identity Document of representative</li> <li>• Proxy letter</li> </ul>		
4	Original certified copy of Valid permit / operating licence (OL)		
5	Original certified copy of Professional Driver's Permit (PrDP)		
6	Vehicle registration document / logbook		
7	Detailed route description including pick-up and drop off points		
8	Letter from Municipality approving route description		
9	Letter from Municipality or Private Property Facilitator commenting about ranking facilities		
10	Letter from Municipality (Planning Dept.) for permission if operation is from residence		
11	Quotation for comprehensive and personal liability insurance		
12	Copies of contracts between operator and employer		
13	Names and addresses of passengers to be conveyed (if applicable)		
14	Original valid tax clearance certificate		

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**Date**


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**Name and Surname of Verifier**


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**Signature**