



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR TEMPORARY REPLACEMENT OF VEHICLE

[In terms of Section 74(1) of the National Land Transport Act, 2009 (Act No.5 of 2009) and Regulation 26 (1)]

Requested period for replacement of vehicle:

YYYY / MM / DD until YYYY / MM / DD

PARTICULARS OF EXISTING OPERATING LICENSE

Existing Operating License Number: _____

Date of Issue: YYYY / MM / DD Date of Expiry: YYYY / MM / DD

PRE/Board that issued the operating license _____

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) _____

SECTION B: SERVICE CHARACTERISTICS

Type of Service Scheduled	Scheduled	Mode	Bus	Carrying Capacity	35 +
	Tick type of service. It may be necessary to tick more than one		<input type="checkbox"/> Unscheduled <input type="checkbox"/> Charter <input type="checkbox"/> Tourist		<input type="checkbox"/> Midibus <input type="checkbox"/> Minibus Taxi <input type="checkbox"/> Metered Taxi <input type="checkbox"/> Other
	<input type="checkbox"/> Staff <input type="checkbox"/> Scholar <input type="checkbox"/> Courtesy <input type="checkbox"/> Other (specify)				

SECTION C: PARTICULARS OF VEHICLE

Vehicle to be replaced(existing vehicle):

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 _____

Replacement Vehicle(temporary vehicle):

Vehicle Registration Number _____

Chassis (VIN) 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 or COF: YYYY / MM / DD

SECTION D: LEASE AGREEMENT

I/ We _____, ID Number/ Company registration Number

_____ hereby lease a vehicle bearing Registration Number _____

from (name of Juristic person/ Individual) _____

ID Number / Company Registration Number _____ for a

period from YYYY / MM / DD to YYYY / MM / DD.

Applicant Signature (Lessee) YYYY / MM / DD

Vehicle Owner Signature: (Lessor) YYYY / MM / DD

Restrictions apply

- NB:**
- 1. Vehicle Lease agreement not to exceed a period of 12 months**
 - 2. Lessee to provide a copy of ID/ Company registration Documents**

FOR OFFICE USE ONLYDate application received YYYY / MM / DD

Reference number _____

Amount Paid R _____

Official's name _____

PERIOD OF VALIDITY FOR TEMPORARY VEHICLE REPLACEMENTValid from: YYYY / MM / DDValid to: YYYY / MM / DD**EXISTING LICENSE NUMBER**Valid from: YYYY / MM / DDValid to: YYYY / MM / DD**CHECKLIST OF REQUIRED DOCUMENTS**

No.	Form Required	Yes	No
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"> • Original certified copy of Identity Document of representative • Proxy letter 		
4	Original certified copy of valid Permit / Operating License		
5	Original Valid tax clearance certificate		
6	Original certified copy of valid registration document / logbook corresponding to the Operating License		
7	Original certified copy of the COR/ COF corresponding with the vehicle registration document		
8	Original certified copy of Professional Driver's Permit (PrDP)		
9	Passenger liability Insurance to the value of R1 million per passenger per seat.		
10	Affidavit from Applicant regarding the reason for the Temporary license application		