



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE

CHANGE OF 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 | |
| | | | | 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):

In the case of amendment to existing routes/areas, have the services been provided continuously for a period of 180 days prior to the date of application?

If no, give reasons: _____

SECTION E: PARTICULARS OF CHANGED ROUTE(S)

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.

Please describe, in relation to the current route(s), how such route(s) are to be altered:

Changed Route One:

Origin (Departure point) _____

Destination _____

Detailed changes in the 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)

Changed Route Two:

Origin (Departure point) _____

Destination _____

Detailed changes in the 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)

Changed Route Three:

Origin (Departure point) _____

Destination _____

Detailed changes in the 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)

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

The applicable, revised time tables and fare tables are required to be attached.

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) _____

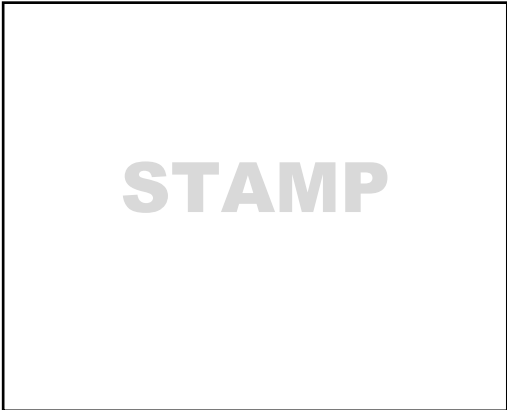
Date YYYY / MM / DD

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 / DD

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

Official's name _____

CHECKLIST OF REQUIRED DOCUMENTS

| No. | Form Required | Yes | No |
|------------|---|------------|-----------|
| 1 | Application form – fully completed and signed by applicant | | |
| 2 | Valid original permit / Operating License (OL) | | |
| 3 | Original certified copy of Identity document of Applicant | | |
| 4 | Company registration certificate (in case of a company) <ul style="list-style-type: none"> • Original certified copy of Identity Document of representative • Proxy or proxy letter | | |
| 5 | 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) | | |
| 6 | Valid tax clearance certificate | | |
| 7 | Original certified copy of valid COR/COF (corresponding with logbook) | | |
| 8 | Original certified copy of vehicle registration document / logbook | | |
| 9 | Original certified copy of Professional Driver's Permit (PrDP) | | |
| 10 | Written authorization from the planning authorities regarding their support of the application, with particular emphasis on the potential impact on existing ranking and terminal facilities | | |
| 11 | Quotation (or purchase invoice) for Passenger liability Insurance to the value of R1 million per passenger per seat. | | |