



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR NEW OPERATING LICENSE

(In terms of Section 54 of the National Land Transport Act, 2009 (Act No.5 of 2009) read with Regulation 6)

1. Applicants are advised to withhold purchase of vehicle until the outcome of the application is known.
2. Where different modes are being applied for, separate applications must be completed.
3. Please note that operating licenses are granted per vehicle. Therefore, the applicant is required to pay a fee for this application.

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:

SECTION B: PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON (if applicable)

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 Number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Letter of Proxy from Juristic Person attached

SECTION C: TYPE OF PUBLIC TRANSPORT SERVICE

Type of Service Scheduled (tick type of service. It may be necessary to tick more than one)	Scheduled		Mode	Bus		Carrying Capacity	35 +	
	Unscheduled				Midibus			
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 D: PARTICULARS OF VEHICLE

Where the vehicle is not already owned, state next to Vehicle Registration Number, “Still to be acquired”. (Applicants are advised to withhold purchase of vehicle until the outcome of the application is known)

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 _____ Roadworthy certificate or COF Number _____

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

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)

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)

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)

Describe the EIGHTH 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 NINTH 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)

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, _____ (full 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 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) _____

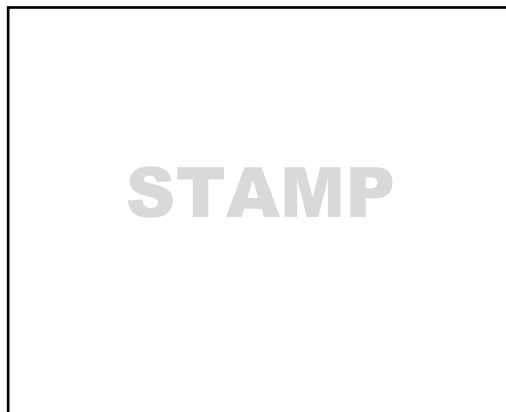
Date YYYY / MM / DD

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 license in the future.

Signature _____

Date YYYY / MM / DD

For official use only

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This operating license 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

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

Operating License

Operating License 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

FOR OFFICE USE ONLY

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 _____

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 rank permit from from municipality or in case of private property an original certified copy of letter from the landlord (not older than 3 months)		
5	Detailed route description and official letter from municipality commenting about routes		
6	Certified copy of the contract between the applicant and the employer (if applicable)		
7	Quotation (or purchase invoice) for Passenger liability Insurance to the value of R1 million per passenger per seat.		
8	Original valid tax clearance certificate		
9	Letter from association regarding allocation of routes		

Date

Name and Surname of Verifier

Signature