



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR RENEWAL OF AN OPERATING LICENSE

[In terms of Section 58 of the National Land Transport Act, 2009 (Act No.5 of 2009), read with Regulation 6 and Regulation 25]

1. The applicant must apply for renewal of the Operating Licence not later than 30 days before expiry of the licence.
2. Where different modes are being applied for, separate applications must be completed.

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) _____

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: _____

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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 Code _____ Number _____

Cell phone number Number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

E-mail address (if any) _____

Letter of Proxy from Juristic person attached

SECTION C: 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):

In the case of renewal, have the services been provided continuously for a period of 180 days prior to the date of application?

YES

NO

If no, give reasons: _____

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Signature: _____	

SECTION D: PARTICULARS OF RENEWED 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 E: TIME TABLES AND FARE TABLES (in the case of a contracted, scheduled service)

If a revision of time tables and/or fare tables is required in conjunction with this renewal, please enclose a copy of the revised time tables and fare tables.

SECTION F: 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 continue to 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

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Signature: _____

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SECTION G: 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 amendment sought by our
member in this application.

Signature (a) _____

Date YYYY / MM / DD

Signature (b) _____

Date YYYY / MM / DD

Signature (c) _____

Date YYYY / MM / DD



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SECTION H: 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 application form is true and correct.

Signature _____

Date YYYY / MM / DD

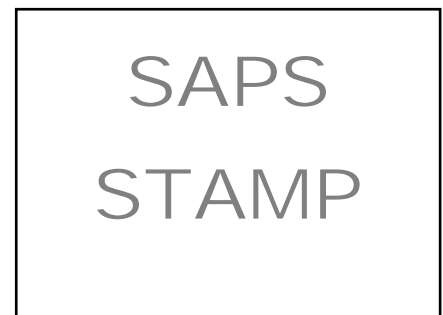
First Name (s) _____ Surname _____

Rank: _____ Force Number _____

Physical address of Police Station _____

SAPS Commissioner of Oaths

*Delete whichever is not applicable.



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Signature: _____

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SECTION I: 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

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Signature: _____

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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

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

Operating Licence

Operating Licence 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

Date application received YYYY / MM / DD

Reference Number _____

Receipt Number _____

Amount Paid: R _____

Official's name _____

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Date Received _____

Signature: _____

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CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<u>Renewal Application</u>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of applicant or proxy	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						
Certified copy of Valid / Active original permit / Operating Licence (OL) and Route Annexure (Annexure 1)	Yes	Yes	Yes	Yes		
Valid copy of COR/COF corresponding with logbook	Yes	Yes	Yes	Yes		
Original certified copy of vehicle registration document / logbook	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	No		
Certified original copy of renewed contract	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: _____

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For Office Use Only:

Date Received _____

Signature: _____

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