



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION TO CONVEY SCHOLARS

- (1) Where a public transport service is dedicated to transporting scholars, Students, teachers or lecturers, the Minister may prescribe regulations on special requirements for those services, including, but not limited to—
 - (a) Requirements for supervision of scholars;
 - (b) Special requirements for drivers;
 - (c) Requirements for insurance;
 - (d) Documents that must be kept in the vehicle and special vehicle markings or livery; and
 - (e) Requirements that drivers of other vehicles must stop their vehicles in the vicinity of vehicles loading or offloading scholars or students.
- (2) Such regulations may also be made applicable to services that are exempted under section 53(1)(g)
- (3) Applicants are advised to withhold purchase of vehicles until the outcome of the application is known
- (4) Where different modes are being applied for, separate applications must be completed.
- (5) Please note that operating licenses are granted per vehicle. Therefore, the applicant is required to pay a fee for this application.

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 _____

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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 Reference 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 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

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Signature: _____	

SECTION C: TYPE OF PUBLIC TRANSPORT SERVICE

Type of Service Scheduled	Scholar	Mode	Bus	Carrying Capacity	35 +
			Midibus		17 - 35
			Minibus Taxi		9 - 16
			Other		4 - 8

SECTION D: PARTICULARS OF VEHICLE (If available)

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

Vehicle

Vehicle Registration Number _____

Chassis (VIN) Number _____

Engine Number _____

Vehicle Make _____

Year of Manufacture _____

Type of Vehicle Minibus Midibus Bus
 Other Specify _____

Carrying Capacity _____ Roadworthy certificate or COF Number _____

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

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Signature: _____

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SECTION E: PARTICULARS OF ROUTES

Please attach a schedule with typed routes as an annexure

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

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Date Received _____

Signature: _____

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SECTION G: DECLARATION BY ASSOCIATION (Where the applicant is a member of an association)

We, a) _____ (full names),

ID Number: _____

b) _____ (full names),

ID Number: _____

c) _____ (full names),

ID Number: _____

the undersigned, duly authorised representatives of the _____
_____ (Association), hereby declare that the
Executive Committee of said association agrees to and endorses the amendment sought by our
member in this application.

Chairman: Scholar Transport Signature _____

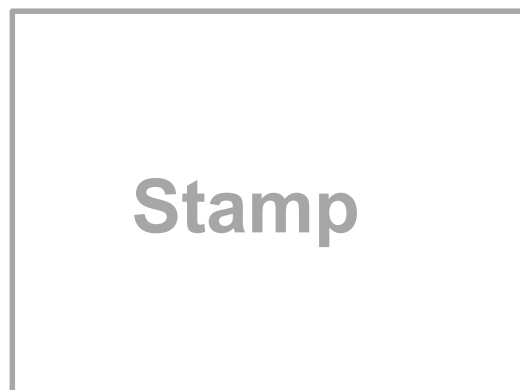
Date YYYY / MM / DD

Chairman: Taxi Association Signature _____

Date YYYY / MM / DD

Secretary: Taxi Association Signature _____

Date YYYY / MM / DD



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Signature: _____

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

The applicable (proposed) time tables and fare tables to be attached as an annexure.

SECTION I: DECLARATION OF COMPLIANCE WITH LABOUR LAWS

I, _____ (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 sectorial determinations of the Department of Labour.

Signed: _____

Date: YYYY / MM / DD

SECTION J: 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

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Date Received _____

Signature: _____

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SECTION K: 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), e.g. 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

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.

For Office Use Only:

Date Received _____

Signature: _____

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CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
Scholar Transport Application						
Application form – fully completed and signed by the applicant		Yes	Yes	Yes		
Original certified copy of Identity Document of the applicant		Yes	Yes	Yes		
Company registration certificate (in case of a Juristic Person)		Yes	Yes	Yes		
· Original certified copy of Identity Document of representative						
· Proxy letter						
Detailed route description indicating pick-up and drop-off points		Yes	Yes	Yes		
Letter from Municipality approving route description		Yes	Yes	No		
Letter from Municipality (Planning Dept.) for permission if operation is from residence.		Yes	Yes	No		
Original valid tax clearance certificate/ correspondence from SARS on pin allocation and printed valid copy of the valid tax clearance.		Yes	Yes	Yes		
Proof of passenger liability insurance		Yes	Yes	Yes		
Copies of contracts with learning institution, parents & Operator		Yes	Yes	Yes		
Names and addresses of students to be conveyed		Yes	Yes	Yes		
Letter of support from learning institutions		Yes	Yes	Yes		
Scale of charge		Yes	Yes	Yes		

Date

Name and Surname of Verifier

Signature

For Office Use Only:

Date Received _____

Signature: _____

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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 _____

Signature: _____