



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR TEMPORARY OPERATING LICENSE (SPECIAL EVENT)

Caution: In terms of Section 60(3)(b) of the NLTA, 2009, an Operating License for a special event may not be granted if it will disrupt or prejudice any existing services, including your own, if applicable.

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

Name or description of Special Event _____

Duration of the event: YYYY / MM / DD to 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 (tick where applicable and attach relevant document or certified copy)	<input type="checkbox"/>	RSA identity document	<input type="checkbox"/>	Temporary identity document
	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Foreign identity document
	<input type="checkbox"/>	Founding Statement	<input type="checkbox"/>	Certificate of incorporation
	<input type="checkbox"/>	Partnership Agreement	<input type="checkbox"/>	Memorandum of Understanding

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 _____

Date Received _____

Signature: _____

STAMP

Telephone Code ____ Number _____

Cell phone number Number _____

Facsimile number (if any) Code ____ Number _____

E-mail address (if any) _____

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 ROUTE

Describe the 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 – where applicable.

Vague route descriptions will not be accepted)

SECTION D: PARTICULARS OF VEHICLE (as per special event)

Vehicle Registration Number _____

Chassis (VIN) Number _____

Engine Number _____

<p>.....</p> <p>Date Received _____</p> <p>Signature: _____</p>	<h1>STAMP</h1>
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Vehicle Make & Model _____

Year of Manufacture _____

Type of Vehicle Motor Car Minibus Midibus Bus
 Other Specify _____

Carrying Capacity _____

SECTION E: 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 _____

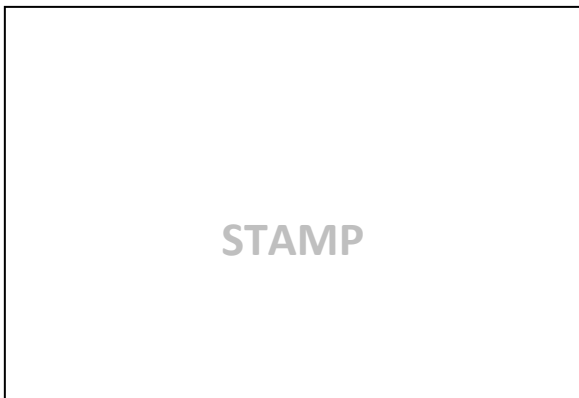
_____ (taxi association), hereby declare that the

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 _____

Signature (b) _____ Date _____

Signature (c) _____ Date _____



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Date Received _____

Signature: _____

STAMP

FOR OFFICE USE ONLY

Date application received YYYY / MM / DD

Reference number _____

Amount Paid R _____

Official's name _____

TEMPORARY OPERATING LICENSE PARTICULARS

Operating License Number: _____

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

Limited to the duration of the event.

Date Received _____

Signature: _____

STAMP

CHECKLIST OF REQUIRED DOCUMENTS

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
Special Event/ Temporary Application						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of applicant	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						
Original certified copy of valid Permit / Operating License	Yes	Yes	Yes	Yes		
Letter from people hiring the vehicle including the following:	Yes	Yes	Yes	Yes		
· Contact details of hirer	Yes	Yes	Yes	Yes		
· Passenger list	Yes	Yes	Yes	Yes		
· Departure and return date	Yes	Yes	Yes	Yes		
· Destination	Yes	Yes	Yes	Yes		
· Any other information	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		
Original certified copy of Vehicle Registration / logbook	Yes	Yes	Yes	Yes		
Proof of passenger liability insurance	Yes	Yes	Yes	Yes		
Valid copy of COR/COF corresponding with logbook	Yes	Yes	Yes	Yes		

Date _____

Name and Surname of Verifier _____

Signature _____

<p>Date Received _____</p> <p>Signature: _____</p>	<p>STAMP</p>
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