

DEPARTMENT OF TRANSPORT National Public Transport Regulator NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION FOR THE GRANTING, RENEWAL, AMENDMENT, TRANSFER OR CONVERSION OF AN OPERATING LICENCE OR PERMIT FOR INTERPROVINCIAL SERVICES

SECTION A (Compulsory for all application types)

TYPE OF APPLICATION		
This application is for		
Application type:		
	Compulsory sections to be completed by applicant:	
1) New operating licence	A, B, C, F, G, H, K, L	
2) Transfer of an operation licence or permit	A, B, C, D, E, F, G, H, K, L	
3) Amendment of an operating licence or permit	A, B, C, D, F, G, H, K, L	
a) Additional authority		
b) Amendment of route or area		
c) Change of particulars		
e) Amendment of timetables, tariffs or other conditions		
f) Replace existing vehicle		
g) OL for recapitalized vehicle		
4) Renewal of an operating licence or permit	A, B, C, D, F, G, H, K, L	
5) Conversion of a permit to an operating licence	A, B, C, D, F, G, H, K, L	
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SECTION B (Compulsory for all application types)		
PARTICULARS OF APPLICANT		
Name of company, partnership, corporation or other legal entity, or surname in the case of a sole proprietor.		
First names, if sole proprietor (not more than 3)		
Type of identification	RSA Identity Document Temporary	Identity Certificate
*(Attach a certified copy)	Passport Foreign Ide	entity Document
	Founding Statement Certificate	of Incorporation
		p Agreement
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SECTION B (Compulsory for all application types)		
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PARTICULARS OF APPLICANT		
Name of company, partnership, corporation or other legal entity, or surname in the case of a sole proprietor.		
First names, if sole proprietor (not more than 3)		
Type of identification	RSA Identity Document Temporary	Identity Certificate
*(Attach a certified copy)	Passport Foreign Ide	entity Document
	Founding Statement Certificate	of Incorporation
	Memorandum of Understanding Partnershi	p Agreement
Identity no. / passport no. / business registration number		
Trade name (if applicable)		
Type of business		
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	FORM 1A PAGE 2
Postal address and code	
	Postal Code Postal Code
Street address (if different from postal address)	
Domicilium citandi et executandi	
	Postal Code
Telephone number (s)	Code
	Code
Facsimile number (if any)	Code
E-mail address (if any)	
Income tax registration number	
[Attach original Tax Clearance Certificate]	
SECTION C (Compulsory for all application types) PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON	
In the case of a company, partnership, close corporation or other juristic per Surname	son, particulars of the person responsible to represent it must be given:
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First names (not more than 3)	
Identity number	
Type of identification	RSA Identity Document Passport

In the case of a company, partnership, close corporation or other juristic per	rson,	, p	artic	ula	ars o	of th	ne p	ers	on	resp	oor	sibl	e to	re	ores	ent	it n	nust	be	giv	en:						
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E-mail address (if any)																									_	_	
Income tax registration number																											

[Attach original Tax Clearance Certificate]

PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON	١																									
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SECTION D (Compulsory for all application types 2, 3, 4 and 5)																										
PARTICULARS OF EXISTING OPERATING LICENCE OR PERMIT (In the	e cas	e o	f an	ар	plic	atio	n fo	or r	ene	wa	l, a	ıme	ndı	nen	t, tra	ansi	fer o	or co	onv	ersi	on)					
Openrating licence number / permit number																										
REGULATORY ENTITY which issued the operating licence / permit									Ť	Ť													П	Т		
Date of issue					/			/		Ť			E	Expir	y Da	L					/			/[
Attach a certified copy of operating licence or permit. A permit must first be original permit must be handed in upon upliftment of operating licence.				Y an	ope	M ratir	M ng li	cer	D nce			it r	nay	be ı	ene				Y ded	Y or tı	anst		M ed. T		D	D
SECTION E (Compulsory for all application types 2, 3, 4 and 5)																										_
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First names, if sole proprietor (not more than 3)																							\Box	\prod		
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Identity no. / passport no. / business registration number																										
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Type of business																										
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Facsimile number (if any)																			Со	de						
E-mail address (if any)																										
Income tax registration number	П	П	П					Г	Τ	Т	Т												Т	Т	Т	\neg

^{*}Attach an original Tax Clearance Certificate

^{*} Include written consent of transferor

TYPE OF PUBLIC TRANSPORT SERVICE		
[Tick type of service: it may be necessary to tick more than one]		
Type of service	Scheduled bus service Minibus taxi-type service	
* Please attach a certified copy of the contract between the operator and the school or other educational institution or letter of authorisation from the principal or authorised	Staff service Charter service	\neg
administrative officer.	Courtesy service Metered taxi service	٦
* Attach certified copies of the professional driving permits of all the drivers to be used for this service	*Scholar service Other service	٦
Otherships of assistant (describe)		\exists
Other type of service (describe)		_
		-
Number of passengers that will be carried		
In the case of long distance service, state why passengers cannot use exisiting transport services and motivate why the proposed service is necessary		
(supporting documents may be attached).		
In the case of a renewal, amendment, transfer or conversion, have the		
services been provided continuously for a period of 180 days prior to the date of application?	YES NO	
If NO, give reasons		
in No., give reducine		-
		_
*Any recommendations or documentation in support of this application may be at	tached	
Thy recommendations of accumentation in cupport of this application may be at	advisor	
SECTION G (Compulsory for all application types 2, 3, 4 and 5)		_
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SECTION J TIME TABLES (In the case of a scheduled service) The applicable (current) time tables are attached as Annexure Yes No SECTION K (Compulsory for all application types) DECLARATION 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 future. Signature Date																		F	ost	al Co	ode				
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VEHICLE DETAILS

For new applications, please indicate the type of vehicle/s that you intend to purchase (if no vehicle is owned at present):
*Please note that operating licences are granted per vehicle. Therefore, the applicant is required to pay the fee for each vehicle listed in this application. If applications are made for more than three (3) vehicles, please attach a separate page containing the details below.

Type:	No.	Seatin	ng cap	: Number of vehicles to be purchased:																			
Motor car																							
Minibus																							
Midibus																							
Bus																							
Other																							
Vehicle 1:																							
Vehicle registration number																			\perp		\prod		
Vehicle identification number (VIN)																			\prod				
Type of vehicle																			\perp		L		
Year of manufacture																							
Make of vehicle																							
Number of passengers to be carried																							
Number of kilometres travelled														Alı	reac	ly Pι	urcha	ased?	, [Yes		N	0
Vehicle 2:																							
Vehicle registration number																							
Vehicle identification number (VIN)																			\perp				
Type of vehicle																					\Box		
Year of manufacture																							
Make of vehicle																		\prod	\perp				
Number of passengers to be carried																							
Number of kilometres travelled														Alı	reac	ly Pι	urcha	ased?	, [Yes]	N	0
Vehicle 3:																							_
Vehicle registration number																			\perp	\perp	\perp		
Vehicle identification number (VIN)																							
Type of vehicle																			\prod		\square		
Year of manufacture																							
Make of vehicle																			\prod				
Number of passengers to be carried																							
Number of kilometres travelled														Alı	reac	ly Ρι	urcha	ased?	, [Yes]	N	0

SECTION M - FOR OFFICIAL USE ONLY

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OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (If ap	plicable)
This operating licence is issued subject to the following conditions *Or attach conditions imposed as a schedule	
Date of issue	Y Y Y Y M M D D
Signature of designated official of Regulatory Entity	
OPERATING LICENCE PARTICULARS	
Operating Licence 1	
Operating Licence number	
Valid from	Valid to Valid to V Y Y Y Y M M D D D
Captured application details on OLAS	Y Y Y Y M M D D
Date submitted to Publications	Y Y Y Y M M D D
Date referred to PRE's and Planning Authority	Y Y Y Y M M D D
Operating Licence 2	
Operating Licence number	
Valid from	Valid to Valid to Y Y Y Y M M D D D
Captured application details on OLAS	Y Y Y Y M M D D
Date submitted to Publications	Y Y Y Y M M D D
Date referred to PRE's and Planning Authority	Y Y Y Y M M D D
Operating Licence 3	
Operating Licence number	
Valid from	Valid to
Captured application details on OLAS	Y Y Y Y M M D D
Date submitted to Publications	Y Y Y Y M M D D

Date referred to PRE's and Planning Authority

 $^{^{\}star}$ In the case of more operating licences, provide the same particulars on a separate sheet as an attachment.

FOR OFFICE USE ONLY		
Date application received	Y Y Y Y M M D D	
Captured application details on OLAS	Y Y Y Y M M D D	
Reference number		
Receipt number		
Amount Paid	R	
Date submitted to Publications	Y Y Y Y M M D D	
Date referred to OREs and Planning Authority	Y Y Y Y M M D D	
Valid from	Y Y Y Y M M D D D Valid to Y Y Y Y M M M	D D
Official's name		
	Y Y Y M M D D	
CHECKLIST		
A certified copy of one of the following:	RSA Identity Document	
	Passport	
	Temporary RSA Identity Document	
	Foreign Idendity Document	
	Partnership Agreement	
	Board Resolution/ Founding agreement	
Valid Tax Clearance Certificate.		
Valid vehicle licence and registration		
Written consent of transferor in the case of a transfer and a certified copy o	f the transferor's operation licence or permit	
Has signed a statement to the effect that he or she or it, will comply with lab Department of Labour.	pour laws in respect of drivers and other staff, as well as sectoral determinations of the	
Letter or document of recommendation in support of the application (if any)		