



**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	<input type="checkbox"/>	A, B, C, F, G, H, K, L
2) Transfer of an operating licence or permit	<input type="checkbox"/>	A, B, C, D, E, F, G, H, K, L
3) Amendment of an operating licence or permit for:	<input type="checkbox"/>	A, B, C, D, F, G, H, K, L
a) Additional authority	<input type="checkbox"/>	
b) Amendment of route or area	<input type="checkbox"/>	
c) Change of particulars	<input type="checkbox"/>	
d) Amendment of timetables, tariffs or other conditions	<input type="checkbox"/>	
f) Replace existing vehicle	<input type="checkbox"/>	
g) OL for recapitalized vehicle	<input type="checkbox"/>	
4) Renewal of an operating licence or permit	<input type="checkbox"/>	A, B, C, D, F, G, H, K, L
5) Conversion of a permit to an operating licence	<input type="checkbox"/>	A, B, C, D, F, G, H, K, L

SECTION B (Compulsory for all application types)

PARTICULARS OF APPLICANT

Name of company, partnership, corporation or other legal entity, or sole proprietor

First names, if sole proprietor, (not more than 3)

Type of identification
* Attach a certified copy

RSA Identity document	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Founding statement	<input type="checkbox"/>
Memorandum of Understanding	<input type="checkbox"/>

Temporary identity certificate	<input type="checkbox"/>
Foreign identity document	<input type="checkbox"/>
Certificate of incorporation	<input type="checkbox"/>
Partnership Agreement	<input type="checkbox"/>

SECTION B (Compulsory for all application types)

PARTICULARS OF APPLICANT

Name of company, partnership, corporation or other legal entity, or sole proprietor

First names, if sole proprietor (not more than 3)

Type of identification
* Attach a certified copy

RSA Identity document		Temporary identity certificate	
Passport		Foreign identity document	
Founding statement		Certificate of incorporation	
Memorandum of Understanding		Partnership Agreement	

Identity no. / Passport no. / business registration number

Trade name (if applicable)

Type of business

Postal address and code

Street address (if different from postal address) Domicilium citandi et executandi

Telephone number(s)

Code

Facsimile number (if any)

Code

E-Mail address (if any)

Income tax registration number
(Attach an 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, close corporation or other juristic person, particulars of the person responsible to represent it must be given:

Surname

First names (not more than 3)

Identity number

Type or identification

RSA Identity document	Passport
Other (specify)	

Telephone number

Code

Cell number

Identity no. / Passport no. / business registration number

Trade name (if applicable)

Type of business

Postal address and code

Street address (if different from postal address) Domicilium citandi et executandi

Telephone number(s)

Facsimile number (if any)

E-Mail address (if any)

Income tax registration number
(Attach an 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, close corporation or other juristic person, particulars of the person responsible to represent it must be given:

Surname

First names (not more than 3)

Identity number

Type or identification

Telephone number

Cell number

SECTION D (Compulsory for application types 2, 3, 4 and 5)

PARTICULARS OF EXISTING OPERATING LICENCE OR PERMIT (in the case of an application for renewal, amendment, transfer or conversion)

Operating licence number/permit number

REGULATORY ENTITY which issued the operating licence/permit

Date of issue

Expiry date

Attach a certified copy of operating licence or permit. A permit must first be converted to an operating licence before it may be renewed, amended or transferred. The original permit must be handed in upon upliftment of operating licence.

SECTION E (Compulsory for application type 2)

PARTICULARS OF PERSON OR ENTITY TO WHICH THE OPERATING LICENCE IS TO BE TRANSFERRED
(In the case of an application for transfer)

Name of company, partnership,
corporation or other legal entity, or sole
proprietor
First names, if sole proprietor (not more
than 3)

Type of identification
* Attach a certified copy

RSA Identity document	Temporary identity certificate
Passport	Foreign identity document
Founding statement	Certificate of incorporation
Founding Agreement	Partnership Agreement

Identity no. / Passport no. / business
registration number

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Trade name (if applicable)

--

Type of business

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Postal address and code

	Postal code
--	-------------

Street address (if different from postal
address) Domicilium citandi et executandi

	Postal Code
--	-------------

Telephone number(s)

	Code
--	------

Facsimile number (if any)

	Code
--	------

E-Mail address (if any)

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Income tax registration number

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* Attach an original Tax Clearance Certificate)
* Include written consent or transferor

SECTION F (Compulsory for all application types)

TYPE OF PUBLIC TRANSPORT SERVICE

(Tick type of service: it may be necessary to tick more than one)

Type of service

* Please attach a certified copy of the
contract between the operator and school
or other educational institution or

Scheduled bus service	Minibus taxi-type service
Staff service	Charter service
Courtesy service	Metered taxi service
*Scholar service	Other services

letter of authorisation from the principal or authorised administrative officer. *Attach certified copies of the professional driving permits of all the drivers to be used for this service

Other type of service (describe)

Empty rectangular box for describing other types of service.

Number of passengers that will be carried

Three small empty boxes for entering the number of passengers.

In the case of long distance service, state why passengers cannot use existing transports services and motivate why the proposed service is necessary (supporting documents may be attached)

Large empty rectangular box for providing justification for long distance services.

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?

Two small boxes labeled 'YES' and 'NO' for indicating service continuity.

If NO, give reasons

Large empty rectangular box for providing reasons if the continuity requirement is not met.

* Any recommendations or documentation in support of this application may be attached.

SECTION G

PARTICULARS OF ROUTES

(Not applicable for Charter Services and Metered Taxis)

Describe the FIRST route in detail

Departure point

Grid of small empty boxes for detailing the departure point.

Destination

Grid of small empty boxes for detailing the destination.

Route description (State street names of 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)

Large empty rectangular box for providing a detailed route description.

Describe the SECOND route in detail (Complete for application of additional service)

Departure point [Grid]

Destination [Grid]

Route description (State street names of 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) [Text area]

If there are more routes, they must be described on a separate sheet of paper)

In the case of Metered Taxis please describe the area which will be serviced: [Text area]

SECTION H (Compulsory for all application types)

AUTHORISED RANKS AND TERMINALS

State the authorised ranks and terminals used or to be used [Text area]

SECTION I

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 sphere of government.)

Type of contract: Commercial service contract [] Subsidised service contract [] Negotiated Contract []

Contract reference number [Grid]

Names of parties to the contract 1 [Text area] 2 [Text area]

SECTION L (Compulsory for all application types)

VEHICLE DETAILS

For a new application 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 attaché a separate page containing the details below.

Type:	No.	Seating capacity	Number of vehicles to be purchased:					
Motor car		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="text"/>
Minibus		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
Midi bus		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
Bus		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
Other		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						

Vehicle 1:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year or manufacture

Make of vehicle

Number of passengers to be carried

Number of kilometres travelled Already purchased? YES NO

Vehicle 2:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year or manufacture

Make of vehicle

Number of passengers to be carried

Number of kilometres travelled Already purchased? YES NO

Vehicle 3:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year or manufacture

Make of vehicle

Number of passengers to be carried

Number of kilometres travelled Already purchased? YES NO

SECTION M – FOR OFFICIAL USE ONLY

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

Four horizontal lines for entering conditions.

Date of issue

Grid for date of issue: YYYY / MM / DD

Signature of designated official of Regulatory Entity

OPERATING LICENCE PARTICULARS

Operating Licence 1

Operating Licence number

Grid for Operating Licence 1 number (10 digits)

Valid from

Grid for Operating Licence 1 valid from: YYYY / MM / DD

Valid to

Grid for Operating Licence 1 valid to: YYYY / MM / DD

Captured application details OLAS

Grid for Operating Licence 1 OLAS: YYYY / MM / DD

Date submitted to Publications

Grid for Operating Licence 1 date submitted to Publications: YYYY / MM / DD

Date referred to PREs and Planning Authority

Grid for Operating Licence 1 date referred to PREs and Planning Authority: YYYY / MM / DD

Operating Licence 2

Operating Licence number

Grid for Operating Licence 2 number (10 digits)

Valid from

Grid for Operating Licence 2 valid from: YYYY / MM / DD

Valid to

Grid for Operating Licence 2 valid to: YYYY / MM / DD

Captured application details OLAS

Grid for Operating Licence 2 OLAS: YYYY / MM / DD

Date submitted to Publications

Grid for Operating Licence 2 date submitted to Publications: YYYY / MM / DD

Date referred to PREs and Planning Authority

Grid for Operating Licence 2 date referred to PREs and Planning Authority: YYYY / MM / DD

Operating Licence 3

Operating Licence number

Valid from / / Valid to / /
Y Y Y Y M M D D Y Y Y Y M M D D

Captured application details OLAS / /
Y Y Y Y M M D D

Date submitted to Publications / /
Y Y Y Y M M D D

Date referred to PREs and Planning Authority / /
Y Y Y Y M M D D

*In the case of more operating licences, provide the same particulars on a separate sheet as an attachment.

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Date Application received / /
Y Y Y Y M M D D

Captured application details 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 / / Valid to / /
Y Y Y Y M M D D Y Y Y Y M M D D

Official's name
 / /
Y 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 Identity 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 of transferor's operation licence or permit		
Has signed a statement to the effect that he or she or it, will comply with labour laws in respect of drivers and other staff, as well as sectoral determinations of the Department of Labour		
Letter or document of recommendation in support of the application (if any)		