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***** PROVINCIAL REGULATORY ENTITY

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

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: | | 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"/> | |
| e) 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 surname in the case of a sole proprietor

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

Type of identification
 *Attach a certified copy

| | | | |
|-----------------------|--------------------------|--------------------------------|--------------------------|
| RSA identity document | <input type="checkbox"/> | Temporary identity certificate | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> | Foreign identity document | <input type="checkbox"/> |

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

Departure point

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Destination

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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: vague route descriptions will not be accepted)

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

In the case of Metered Taxis please

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decide the area which will be serviced.

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SECTION H (Compulsory for all application types)

AUTHORISED RANKS AND TERMINALS

State the authorised ranks and terminals used or to be used

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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

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Names of parties to the contract

| | |
|---|--|
| 1 | |
|---|--|

| | |
|---|--|
| 2 | |
|---|--|

Addresses of parties to the contract

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|
| 1 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Postal code | |

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|
| 2 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Postal code | |

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Vehicle 1:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Number of kilometers travelled

Already purchased? YES NO

Vehicle 2:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Number of kilometers travelled

Already purchased? YES NO

Vehicle 3:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

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

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 / /
 Y Y Y Y M M D D Y Y Y Y M M 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 PREs and Planning
 Authority / /
 Y Y Y Y M M D D

Operating Licence 2

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 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 PREs and Planning
 Authority / /
 Y Y Y Y M M D D

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 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 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.

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 PREs 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 operating 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) | | |