



Western Cape
Government

FOR YOU

Mobility

***** 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

11

A, B, C, F, G, H, K, L

2) Transfer of an operating licence or permit

11

A, B, C, D, E, F, G, H, K, L

A, B, C, D, F, G, H, K, L

3) Amendment of an operating licence or permit for:

a) Additional authority

11/11/2019

b) Amendment of route or area

Page 10

c) Change of particulars

10

d) Amendment of timetables, tariffs or other conditions

11

e) Replace existing vehicle

Page 10

f) OL for recapitalized vehicle

11

4) Renewal of an operating licence or permit

10

A, B, C, D, F, G, H, K, L

5) Conversion of a permit to an operating licence

Page 10

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 sole proprietor

[illegible]

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

[illegible]

Type of identification

RSA Identity document	
Passport	

* Attach a certified copy

Temporary identity certificate	
Foreign identity document	

Identity no./Passport no./ business
registration number

Trade Name (if applicable)

Type of Business

Postal Address and code

Postal Code

Street address (if different from postal
address) *Domicillium citandi et executandi*

Postal Code

Telephone Number(s)

Code

Code

Code

Facsimile Number (if any)

Email 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 of identification

RSA Identity document

Passport

Other (specify)

Telephone number

Code

Cell number

SECTION D (Compulsory for all 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

Y Y Y Y / M M / D D

Expiry Date

Y Y Y Y / M M / D D

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 all application types 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
surname in the case of sole proprietor

[illegible]

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

[illegible]

Type of identification

*Attach certified copies

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

Identity no./business registration number

[illegible]

Trade Name (if applicable)

[illegible]

Type of Business

[illegible]

Postal Address and code

[illegible]

Street address (if different from postal address) *Domicillium citandi et executandi*

[illegible]

Telephone Number(s)

										Code				
										Code				

Facsimile Number (if any)

	Code	
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Email address (if any)

[illegible]

Income tax registration number

[illegible]

*Attach an original Tax Clearance Certificate

*Include written consent of 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

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

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

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

Departure point

[illegible]

Destination

[illegible]

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)

[illegible]

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:

SECTION H (Compulsory for all application types)

AUTHORISED RANKS AND TERMINALS

State the authorised ranks and terminals used or to be used

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

11

Subsidised service contract

11

Negotiated Contract

10

Contract reference number

[illegible]

Names of parties to the contract

1

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2

Addresses of parties to the contract

1

[illegible][illegible]

Postal Code

--	--	--	--

2

[illegible][illegible]

Postal Code

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Name of sub-contractor (if applicable)

Address of sub-contractor (if applicable)

Duration of contract

																				Postal Code								
From						/				/				to						/				/				
		Y	Y	Y	Y			M	M			D	D			Y	Y	Y	Y			M	M			D	D	

SECTION J**TIME TABLES (In the case of a schedules 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 the information supplied in this application is found to be false, the application will be rejected and I may be disqualified from making
and application for an operating licence in future.

Signature

Date

Name of person

Name of legal entity (if applicable)

SECTION L (Compulsory for all application types)**VEHICLE DETAILS**

For a 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.

Seating Capacity

Number of vehicles to be purchased

Motor Car	
Minibus	
Midi bus	
Bus	
Other	

OPERATING LICENCE PARTICULARS

Operating Licence 1

Operating Licence Number

[illegible]

Valid From

Valid to

Y Y Y Y / M M / D D

Captured applications details

$$\begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array} / \begin{array}{|c|c|} \hline & \\ \hline \end{array} / \begin{array}{|c|c|} \hline & \\ \hline \end{array}$$

Y Y Y Y M M D D

OLAS

Date submitted to Publications

Date referred to PRE's and Planning

Authority

Operating Licence 2

Operating Licence Number

[illegible]

Valid From

Y Y Y Y / M M / D D

Valid to

Y Y Y Y / M M / D D

Captured applications details

OLAS

Date submitted to Publications

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Y Y Y Y M M D D

Date referred to PRE's and Planning

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Y Y Y Y M M D D

Authority

Operating Licence 3

Operating Licence Number

[illegible]

Valid From

Y Y Y Y / M M / D D

Valid to

Y Y Y Y / M M / D D

Captured applications details

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Y Y Y Y M M D D

OLAS

Date submitted to Publications

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Y Y Y Y M M D D

Date referred to PRE's and Planning

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Y Y Y Y M M D D

Authority

* 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 applications details

OLAS

Reference number

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Receipt Number

--	--	--	--	--	--	--	--

Amount paid

R							
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Date submitted to Publications

$\frac{\text{Y Y Y Y}}{\text{M M}} \div \frac{\text{D D}}{\text{D D}}$

Date referred to PRE's and Planning Authority

Diagram illustrating the division of blocks into groups:

- 4 yellow blocks divided into 2 groups of 2 (labeled Y Y Y Y).
- 2 magenta blocks divided into 2 groups of 1 (labeled M M).
- 2 dark blue blocks divided into 2 groups of 1 (labeled D D).

Valid From

$$\begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array} \quad / \quad \begin{array}{|c|c|} \hline & \\ \hline \end{array} \quad / \quad \begin{array}{|c|c|} \hline & \\ \hline \end{array}$$

Y Y Y Y M M D D

Valid to

Y Y Y Y / M M / D D

Official's name

[illegible]

Y Y Y Y / M M / D D

CHECKLIST

A certified copy 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 the 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)		