

## **DEPARTMENT OF TRANSPORT**

National Public Transport Regulator/Provincial Regulatory Entity/Municipal Regulatory Entity NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION FOR	DUPLICATE OPERATING LICENCE, PERMIT OR DECAL
Request for duplicate (Check applicab	le box)
Operating licence	
Permit	
Decal	
*Attach original operating licence, pern	nit or decal.
*If you are no longer in possession or giving the reasons why you are unable	f the operating licence, permit or decal an affidavit must be supplied with the application to submit it.
SECTION A	
PARTICULARS OF APPLI	CANT
Name of company, partnership, corporation or other legal entity, or sole proprietor	
First names, if sole proprietor (not more than 3)	
Postal address and code	Postal code
Street address (if different from postal address) Domicillum citandi et executandi	Postal code
Telephone number	Code
Facsimile number (if any)	Code
Number of operating licence or permit	
Date of expiry of OL or permit	Y Y Y Y M M D D
Board/Regulatory Entity that issued operating licence or permit	

## 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 the future. Signature Date

Name of legal entity (if applicable)