

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 TEMP | ORARY | REPLAC | EMENT | OF VEHIC | LE | S |
| Requested period for replacement of vehicle | Y Y Y Y | M M | D D | until | YYYY | M M D | D |
| SECTION A | | | | | | | |
| PARTICULARS OF APPLI | CANT | | | | | | |
| Name of company, partnership, corporation or other legal entity, or sole proprietor | | | | | | | L |
| First names, if sole proprietor (not more than 3) | | | | | | | |
| Postal address and code | | | | | Post | al code | |
| Street address (if different from postal address) Domicillum citandi et executandi | | | | | Post | al code | |
| Telephone number Facsimile number (if any) | | | | Code Code | |] | |
| E-Mail address (if any) | | | | _ _ | | Ī | |
| Number of operating licence or permit Date of expiry of OL or permit | YYYY | M M | D D | | | j | |
| Board/Regulatory Entity that issued operating licence or permit | | | | | | | |

| SECTION B | | | | | | |
|---|----------------------------|---------------------------|--|--|--|--|
| TYPE OF PUBLIC TRANS | SPORT SERVICE | | | | | |
| [Tick type of service: it may be necess | ary to tick more than one] | | | | | |
| Type of service | Scheduled bus service | Minibus taxi-type service | | | | |
| Type of dollars | Staff service | Charter service | | | | |
| | Courtesy service | Metered taxi service | | | | |
| | | Other service | | | | |
| Other type service (describe) | | | | | | |
| , | | | | | | |
| Number of passengers to be carried | | | | | | |
| SECTION C VEHICLE DETAILS | | | | | | |
| Vehicles to be replaced: | | | | | | |
| Vehicle registration number | | | | | | |
| Type of vehicle | | | | | | |
| Year of manufacture | | | | | | |
| Make of vehicle | | | | | | |
| Number of passengers to be carried | | | | | | |
| Vehicle seating capacity | | | | | | |
| Replacement vehicle: | | | | | | |
| - | | | | | | |
| Vehicle registration number Type of vehicle | | | | | | |
| | | | | | | |
| Year of manufacture | | | | | | |

Make of vehicle

Vehicle seating capacity

Number of passengers to be carried

| FOR OFFICE USE ON | iLY |
|-----------------------------------|--|
| Date Application received | Y Y Y Y M M D D |
| Reference number | |
| Amount Paid | R |
| Official's name | |
| Valid from | LE REPLACEMENT PARTICULARS Valid to YYYY M M D D |
| CHECKLIST | |
| Proof of registration and licence | |
| Valid vehicle registration and I | icence incorporating roadworthiness of replacement vehicle |