



DEPARTMENT OF TRANSPORT
National Public Transport Regulator
NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION FOR TEMPORARY OPERATING LICENCE (SPECIAL EVENT)

Name or description of Special Event

Duration of event

				/			/			to					/			/		
Y	Y	Y	Y		M	M		D	D		Y	Y	Y	Y		M	M		D	D

SECTION A

PARTICULARS OF APPLICANT

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

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

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Type of identification

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

* Attach a certified copy

Identity number / Business number

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Trade name (if applicable)

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Type of business

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Postal address and code

	Postal code
	Postal code

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

	Postal Code
	Postal Code

Telephone number(s)

	Code	
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Facsimile number (if any)

	Code	
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E-Mail address (if any)

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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 route description.

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

If not route based describe the service:

Large empty rectangular box for non-route based service description.

SECTION D (if feasible)

AUTHORISED RANKS AND TERMINALS

State the authorised ranks and terminals used or to be used

Large empty rectangular box for authorised ranks and terminals.

SECTION E

VEHICLE DETAILS

Vehicle 1:

Vehicle registration number:

Registration number grid (10 boxes).

Type of vehicle

Type of vehicle grid (25 boxes).

Year or manufacture

Year or manufacture grid (4 boxes).

Make of vehicle

Make of vehicle grid (25 boxes).

Number of passengers to be carried

Number of passengers grid (3 boxes).

Vehicle 2:

Vehicle registration number:

Registration number grid (10 boxes).

Type of vehicle

Type of vehicle grid (25 boxes).

Year or manufacture

Year or manufacture grid (4 boxes).

Make of vehicle

Make of vehicle grid (25 boxes).

Number of passengers to be carried

Number of passengers grid (3 boxes).

Vehicle 3:

Vehicle registration number	<input type="text"/>
Type of vehicle	<input type="text"/>
Year or manufacture	<input type="text"/>
Make of vehicle	<input type="text"/>
Number of passengers to be carried	<input type="text"/>

- In the case of more vehicles provide the same particulars on a separate sheet

FOR OFFICE USE ONLY

Date application received.	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Y Y Y Y / M M / D D
Reference number	<input type="text"/>
Amount Paid	R <input type="text"/>
Official's name	<input type="text"/>

TEMPORARY OPERATING LICENCE PARTICULARS

Operating Licence 1	<input type="text"/> / <input type="text"/> / <input type="text"/>	Valid to	<input type="text"/> / <input type="text"/> / <input type="text"/>
Valid from	Y Y Y Y / M M / D D		Y Y Y Y / M M / D D
Operating Licence 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	Valid to	<input type="text"/> / <input type="text"/> / <input type="text"/>
Valid from	Y Y Y Y / M M / D D		Y Y Y Y / M M / D D
Operating Licence 3	<input type="text"/> / <input type="text"/> / <input type="text"/>	Valid to	<input type="text"/> / <input type="text"/> / <input type="text"/>
Valid from	Y Y Y Y / M M / D D		Y Y Y Y / M M / D D

- * Limited to the duration of the event.
- * If more than 3, include a separate page as an attachment

CHECKLIST

Proof of registration and licensing of vehicle	
Valid Tax Clearance Certificate	
Valid vehicle licence and registration incorporating proof of roadworthiness	