

Requirement for Processing:
Application for New Operating License

CHK 1

Application Form Checklist

- | | |
|---|---|
| <input type="checkbox"/> Applicant signed & dated application | <input type="checkbox"/> ID Number correct |
| <input type="checkbox"/> Route description correct | <input type="checkbox"/> Full names & surname correct |
| <input type="checkbox"/> Receipt number | |
| <input type="checkbox"/> Application number | |
| <input type="checkbox"/> Seating capacity captured | |
| <input type="checkbox"/> Form 10 properly completed | |

Document Checklist x applicable mode

Entry Point	Documents Required	Document Description	Format	MBT	MT	Tour	Chart	Scholar	Bus	Employee
		Completed by applicant or company rep if applicant is a company and must be in Company Name and Registration no	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Application form 10		Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Application form 1A		Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Identity Document	Application or company representative if applicant is a company	Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Business Registration Certificate	If applicant is a company	Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Letter of motivation- Relevant Client	Letter indicate the need & importance of services	Original			X	X	X	X	X
<input type="checkbox"/> CRO	Proof of membership from Association	Signed letter from an associations letter head	Original	X						
<input type="checkbox"/> CRO	Proof of registration from Registrar	Letter to be signed by the Registrar	Original	X						
<input type="checkbox"/> CRO	Agreement for service	i.e. Contract from company wanting transport or Dept. of Education	Original					X		X
<input type="checkbox"/> CRO	Route description details	Description must include Departure & Destination point & all stops	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Vehicle Particulars (Seating Capacity)	e.g. seating capacity	Original	X	X	X	X	X	X	X

Upliftment

<input type="checkbox"/> Uplift	License & Roadworthy Certificate		Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Proof of passenger liability insurance	MBT (Only if route longer than 25Kms), Charter services, Tourism operators, Scholars & Worker Transport	Original	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Vehicle Registration Certificate		Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Vehicle Checklist	Vehicle needs to be inspected by Traffic Official at Centre	Original	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Tax Clearance		Original	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Labour Law	Statement in terms of Section 62(1)(C) of the National Land Transport Act (Act 5 of 2009)	Original	X	X	X	X	X	X	X

CRO's Full Name : _____ CRO's signature : _____

Date & Time Application Received : _____ Time _____ h _____

Registry Messengers Full Name : _____

Date & Time Application Received : _____ Time _____ h _____

Approved Chairman of the Board
Mr. M Joolay