



DEPARTMENT OF TRANSPORT
National Public Transport Regulator
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 FOR INTERPROVINCIAL SERVICES

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	<input type="checkbox"/> A, B, C, F, G, H, K, L
2) Transfer of an operation licence or permit	<input type="checkbox"/> A, B, C, D, E, F, G, H, K, L
3) Amendment of an operating licence or permit	<input type="checkbox"/> A, B, C, D, F, G, H, K, L
a) Additional authority	<input type="checkbox"/>
b) Amendment of route or area	<input type="checkbox"/>
c) Change of particulars	<input type="checkbox"/>
e) Amendment of timetables, tariffs or other conditions	<input type="checkbox"/>
f) Replace existing vehicle	<input type="checkbox"/>
g) OL for recapitalized vehicle	<input type="checkbox"/>
4) Renewal of an operating licence or permit	<input type="checkbox"/> A, B, C, D, F, G, H, K, L
5) Conversion of a permit to an operating licence	<input type="checkbox"/> 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 sole proprietor

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

Type of identification	RSA Identity document	<input type="checkbox"/>	Temporary identity certificate	<input type="checkbox"/>
	Passport	<input type="checkbox"/>	Foreign identity document	<input type="checkbox"/>
	Founding statement	<input type="checkbox"/>	Certificate of incorporation	<input type="checkbox"/>
	Memorandum of Understanding	<input type="checkbox"/>	Partnership Agreement	<input type="checkbox"/>

* Attach a certified copy

Identity no./Passport no./business registration number																					
Trade Name (if applicable)																					
Type of Business																					
Postal Address and code																Postal Code					
																Postal Code					
Street address (if different from postal address) Domicillium citandi et executandi																					
																Postal Code					
Telephone Number(s)											Code										
											Code										
Facsimile number (if any)											Code										
											Code										
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	<input type="text"/> / <input type="text"/> / <input type="text"/>				Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/>															
	Y	Y	Y	Y	M	M	D	D	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.

Addresses of parties the contract	1													Postal Code								
	2													Postal Code								
Name of sub-contractor (if applicable)																						
Address of sub-contractor (if applicable)														Postal Code								
Duration of contract	from	Y	Y	Y	Y	/	M	M	/	D	D	To	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
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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 M - FOR OFFICIAL USE ONLY

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (If applicable)

The operating licence is issued subject to the following conditions

* Or attach conditions imposed as a schedule

Date of issue

Y Y Y Y / M M / D D

.....

Signature of designated official of Regulatory Entity

OPERATING LICENCE PARTICULARS

Operating Licence 1

Operating Licence Number

Valid From Y Y Y Y / M M / D D Valid to Y Y Y Y / M M / D D

Captured applications details OLAS Y Y Y Y / M M / D D

Date submitted to Publications Y Y Y Y / M M / D D

Date referred to PRE's and Planning Authority Y Y Y Y / M M / D D

Operating Licence 2

Operating Licence Number

Valid From Y Y Y Y / M M / D D Valid to Y Y Y Y / M M / D D

Captured applications details OLAS Y Y Y Y / M M / D D

Date submitted to Publications Y Y Y Y / M M / D D

Date referred to PRE's and Planning Authority Y Y Y Y / M M / D D

Operating Licence 3

Operating Licence Number

Grid for Operating Licence Number: 12 empty boxes

Valid From

Grid for Valid From: YYYY/MM/DD format

Valid to

Grid for Valid to: YYYY/MM/DD format

Captured applications details OLAS

Grid for Captured applications details OLAS: YYYY/MM/DD format

Date submitted to Publications

Grid for Date submitted to Publications: YYYY/MM/DD format

Date referred to PRE's and Planning Authority

Grid for Date referred to PRE's and Planning Authority: YYYY/MM/DD format

* 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

Grid for Date application received: YYYY/MM/DD format

Captured application details OLAS

Grid for Captured application details OLAS: YYYY/MM/DD format

Reference number

Grid for Reference number: 10 empty boxes

Receipt Number

Grid for Receipt Number: 10 empty boxes

Amount paid

Grid for Amount paid: R followed by 8 empty boxes

Date submitted to Publications

Grid for Date submitted to Publications: YYYY/MM/DD format

Date referred to OREs and Planning Authority

Grid for Date referred to OREs and Planning Authority: YYYY/MM/DD format

Valid From

Grid for Valid From: YYYY/MM/DD format

Valid to

Grid for Valid to: YYYY/MM/DD format

Official's name

Grid for Official's name: 20 empty boxes for name and 3 for date (YYYY/MM/DD)

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)		