

SECTION L (Compulsory for all application types)

VEHICLE DETAILS

For a new application please indicate the type of vehicle/s that you intend to purchase (if no vehicle is owned at present):

*Please note that operating licences are granted per vehicle. Therefore, the applicant is required to pay the fee for each vehicle listed in this application. If applications are made for more than three (3) vehicles please attach a separate page containing the details below.

Type:	No.	Seating capacity:	Number of vehicles to be purchased:
Motor car	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Minibus	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Midibus	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bus	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Other	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Vehicle 1:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Number of kilometers travelled

Already purchased? YES NO

Vehicle 2:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Number of kilometers travelled

Already purchased? YES NO

Vehicle 3:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Already purchased? YES NO

FORM 1A PAGE 11

CHECKLIST		
A certified copy of one of the following:	RSA Identity Document	
	Passport	
	Temporary RSA Identity Document	
	Foreign Identity Document	
	Partnership Agreement	
	Board Resoltion/ 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 transferor's operating 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).		

SECTION B

PARTICULARS OF THE CONTACT PERSON BETWEEN THE OPERATOR AND THE NPTR

In the case of a company, partnership, 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 <input type="text"/>)	

Telephone number Code

Cell number Code

SECTION C

VEHICLE PARTICULARS

The applicant is to attach copies of all operating licences and permits issued for vehicles operated by the applicant. (Except in case of a new operator).

Type:	no.	Seating capacity:	Number of vehicles to be purchased:
Motor car	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minibus	<input type="text"/>	<input type="text"/>	
Midibus	<input type="text"/>	<input type="text"/>	
Bus	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	

Vehicle 1:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Vehicle 2:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried



**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 the 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

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

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/Bussiness number

Trade name (if applicable)

Type of business

Postal address and code
 Postal code

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

Telephone number(s) Code

Facsimile number (if any) Code

E-Mail address (if any)

Vehicle 3:

Vehicle registration number

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

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

FOR OFFICE USE ONLY

Date Application received / /
Y Y Y Y M M D D

Reference number

Amount Paid R

Official's name

TEMPORARY OPERATING LICENCE PARTICULARS

Operating Licence 1
 Valid from / / Valid to / /
Y Y Y Y M M D D Y Y Y Y M M D D

Operating Licence 2
 Valid from / / Valid to / /
Y Y Y Y M M D D Y Y Y Y M M D D

Operating Licence 3
 Valid from / / Valid to / /
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 licencing of vehicle.	
Valid Tax Clearance Certificate.	
Valid vehicle licence and registration incorporating proof of roadworthiness	



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

**NOTIFICATION FROM COURTESY SERVICE PROVIDERS WHO ARE EXEMPT FROM OBTAINING
OPERATING LICENCES (SECTION 53(1)(a) OF THE ACT)**

SECTION A

PARTICULARS OF SERVICE PROVIDER

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) Domicilium citandi et executandi Postal code

Telephone number Code
 Facsimile number (if any) Code
 E-Mail address (if any)

SECTION B

VEHICLE DETAILS

Details of first vehicle (Vehicle 1):

Vehicle registration number
 Type of vehicle
 Year of manufacture
 Make of Vehicle
 Vehicle seating capacity
 Number of kilometers travelled

Details of second vehicle (Vehicle 2):

Vehicle registration number:

Type of vehicle

Year of manufacture

Make of vehicle

Vehicle seating capacity

Number of kilometers travelled

SECTION C

DECLARATION

I, the undersigned (full name).....

certify that the information furnished in this 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 person

Name of legal entity (if applicable)

Note: If a mini bus, midi bus or bus is operated, or there are 3 or more motor cars that are operated, then an application must be made for an operating licence.

SECTION B

PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON

In the case of a company, partnership close corporation or other juristic person, particulars of the person responsible to represent it must be given:

Surname	[Grid]																									
First names (not more than 3)	[Grid]																									
Identity number	[Grid]																									
Type of identification	RSA identity document													Passport												
	Other (specify [Grid])																									
Telephone number	[Grid]													Code	[Grid]											
Cell number	[Grid]													Code	[Grid]											

SECTION C

PARTICULARS OF ADDITIONAL VEHICLES FOR CERTIFICATION

Vehicle 1:

Vehicle registration number	[Grid]																									
Vehicle identification number (VIN)	[Grid]																									
Type of vehicle	[Grid]																									
Year of manufacture	[Grid]																									
Make of Vehicle	[Grid]																									
Number of passengers to be carried	[Grid]																									

Vehicle 2:

Vehicle registration number	[Grid]																									
Vehicle identification number (VIN)	[Grid]																									
Type of vehicle	[Grid]																									
Year of manufacture	[Grid]																									
Make of Vehicle	[Grid]																									
Number of passengers to be carried	[Grid]																									

Vehicle 3:

Vehicle registration number	[Grid]																									
Vehicle identification number (VIN)	[Grid]																									
Type of vehicle	[Grid]																									
Year of manufacture	[Grid]																									
Make of Vehicle	[Grid]																									
Number of passengers to be carried	[Grid]																									

*In the case of more vehicles, provide the same particulars on a separate sheet as an attachment.

SECTION D

DECLARATION

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 person

Name of legal entity (if applicable)

.....
Signature of designated official

Captured application details on / /
OLAS Y Y Y Y M M D D

Reference number

Amount Paid R

Official's name
 / /
Y Y Y Y M M D D

CHECKLIST	
A certified copy of one of the following:	RSA Identity Document
	Passport
	Temporary RSA Identity Document
	Foreign Identity Document
	Partnership Agreement
	Board Resolution/ Founding agreement
Proof of registration and licencing of vehicle.	
Service records of vehicle/s.	



NATIONAL PUBLIC TRANSPORT REGULATOR

LETTER OF REFERRAL ADDRESSED TO RELEVANT PRE/PLANNING AUTHORITY

ADDRESSEE:

1. Relevant PREs
2. Relevant Planning authorities

Date: [*****]
 OL Ref number: [*****]
 Contact Person: [*****]
 Tel: [*****]
 Fax: [*****]
 Email: [*****]

REQUEST TO PROVINCIAL REGULATORY ENTITY/PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCERNING AN APPLICATION IN CONNECTION WITH AN OPERATING LICENCE

Dear Sir/Madam

In accordance with the National Land Transport Act, 2009 (Act no.5 of 2009) the following application has been made in connection with an operating licence for the provision of public transport services:

[Name of Applicant] has made an application for the [granting/renewal/amendment/ transfer/ conversion] of an operating licence or permit to provide interprovincial public transport services.

You are requested to supply your recommendations and comments regarding this application.

The attached application form contains all of the necessary information that will allow for you to make the appropriate recommendations and/or comments.

If no response is received from your institution within the allocated time, then the NPTR may proceed to process and decide upon the application without your input.

Please supply your recommendation by no later than [dd/mm/yyyy].

Yours sincerely

[Insert Name and designation

[Signature]

On behalf of the National Public Transport Regulator

FORM 8A PAGE 1

DEPARTMENT OF TRANSPORT
OPERATING LICENCE

DEPARTMENT OF TRANSPORT
OPERATING LICENCE

Issued in terms of and subject to the provisions of the National Land Transport, 2000
(Act no. 22 of 2000), subject to the particulars and conditions set out below

LICENCE HOLDER PARTICULARS

Association Name	_____	Association Name	_____
RAS Registration No	_____	RAS Registration No	_____
Operating Licence Number	_____	Operating Licence Number	_____
Application Number	_____	Application Number	_____
ID-number	_____	ID-number	_____
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
	_____		_____

VEHICLE PARTICULARS

Vehicle Registration Number	_____	Vehicle Registration Number	_____
VIN Number	_____	VIN Number	_____
Engine Number	_____	Engine Number	_____
Chassis Number	_____	Chassis Number	_____
Make	_____	Make	_____
Passenger capacity	_____	Passenger capacity	_____
Type	_____	Type	_____
Year of Manufacture	_____	Year of Manufacture	_____
Homologation reference number	_____	Homologation reference number	_____
(if applicable)	_____	(if applicable)	_____
eNatis model number (if applicable)	_____	eNatis model number (if applicable)	_____

AUTHORIZED RANKS AND TERMINALS:

Authorized ranks and / or terminals and other
Points for picking up and setting down of
Passengers

TIME TABLES (in the case of scheduled services)

The applicable time tables are attached as annexures

SERVICE CONDITIONS IMPOSED BY THE BOARD

This operating Licence is issued subject
to the following conditions:

Date of issue of Operating Licence:

FORM 1B PAGE 7

Vehicle 1:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Number of kilometers travelled Already purchased? YES NO

Vehicle 2:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried

Number of kilometers travelled Already purchased? YES NO

Vehicle 3:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried Already purchased? YES NO

SECTION M - FOR OFFICIAL USE ONLY

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This 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

(INSERT COAT OF ARMS/LOGO)

(INSERT PROVINCE) PROVINCIAL REGULATORY ENTITY

LETTER OF REFERRAL ADDRESSED TO RELEVANT PLANNING AUTHORITY

ADDRESSEE
Planning Authority

Date: [*****]
OL Reference number: [*****]

Contact Person: [*****]

Tel: [*****]

Fax: [*****]

Email: [*****]

REQUEST TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCERNING AN APPLICATION IN CONNECTION WITH AN OPERATING LICENCE

Dear Sir/Madam

In accordance with the National Land Transport Act, 2009 (Act no.5 of 2009) the following application has been made in connection with an operating licence for the provision of public transport services:

[Name of Applicant] has made an application for the [granting/renewal/ amendment/transfer/conversion] of an operating licence or permit in your area.

You are requested to supply your recommendations and comments regarding this application.

The attached application form contains all of the necessary information that will allow for you to make the appropriate recommendations and/or comments.

If no response is received from your institution within the allocated time, then the [Province] Provincial Regulatory Entity may proceed to process and decide upon the application without your input.

Please supply your recommendation by no later than [dd/mm/yyyy].

Yours sincerely

[Insert Name and designation]

[Signature]

On behalf of the [Province] Provincial Regulatory Entity

Name of sub-contractor (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address of sub-contractor (if applicable)

																							Postal code	

Duration of contract

From

 /

 /

 to

 /

 /

Y Y Y Y M M D D Y Y Y Y M M D D

SECTION J

TIME TABLES (In the case of a scheduled service)

The applicable (current) time tables are attached as Annexure.

Yes No

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 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 person

Name of legal entity (if applicable)

SECTION L (Compulsory for all application types)

VEHICLE DETAILS

For a new application please indicate the type of vehicle/s that you intend to purchase (if no vehicle is owned at present):

*Please note that operating licences are granted per vehicle. Therefore, the applicant is required to pay the fee for each vehicle listed in this application. If applications are made for more than three (3) vehicles please attach a separate page containing the details below.

Type:	No.	Seating capacity:	Number of vehicles to be purchased:
Motor car			
Minibus			
Midibus			
Bus			
Other			

FORM 1C PAGE 7

Vehicle 1:

Vehicle registration number

[Grid for registration number]

Vehicle identification number (VIN)

[Grid for VIN]

Type of vehicle

[Grid for type of vehicle]

Year of manufacture

[Grid for year of manufacture]

Make of Vehicle

[Grid for make of vehicle]

Number of passengers to be carried

[Grid for number of passengers]

Number of kilometers travelled

[Grid for kilometers travelled]

Already purchased?

YES

NO

Vehicle 2:

Vehicle registration number

[Grid for registration number]

Vehicle identification number (VIN)

[Grid for VIN]

Type of vehicle

[Grid for type of vehicle]

Year of manufacture

[Grid for year of manufacture]

Make of Vehicle

[Grid for make of vehicle]

Number of passengers to be carried

[Grid for number of passengers]

Number of kilometers travelled

[Grid for kilometers travelled]

Already purchased?

YES

NO

Vehicle 3:

Vehicle registration number

[Grid for registration number]

Vehicle identification number (VIN)

[Grid for VIN]

Type of vehicle

[Grid for type of vehicle]

Year of manufacture

[Grid for year of manufacture]

Make of Vehicle

[Grid for make of vehicle]

Number of passengers to be carried

[Grid for number of passengers]

Already purchased?

YES

NO

SECTION M - FOR OFFICIAL USE ONLY

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (If applicable)

This operating licence is issued subject to the following conditions

[Large grid for conditions]

*Or attach conditions imposed as a schedule

Date of issue

[Grid for date of issue]

Y Y Y Y / M M / D D

Signature of designated official of Regulatory Entity



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 TEMPORARY REPLACEMENT OF VEHICLE

Requested period for replacement of vehicle / / until / /
 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

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

Postal address and code
 Postal code

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

Telephone number Code

Facsimile number (if any) Code

E-Mail address (if any)

Number of existing operating licence

Date of expiry of OL or permit / /
 Y Y Y Y M M D D

Board/Regulatory Entity that issued operating licence or permit



**DEPARTMENT OF TRANSPORT
NATIONAL PUBLIC TRANSPORT REGULATOR/PROVINCIAL REGULATORY ENTITY/MUNICIPAL REGULATORY ENTITY
NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)**

FORM OF SUBPOENA REQUIRING A PERSON TO APPEAR BEFORE THE NPTR/PRE/MRE

NOTICE

Name

Residential Address

Postal Code

You are hereby requested and directed to appear personally before the NPTR/PRE/MRE at:

_____ (place)
 _____ (day)
 _____ (date)

to testify and declare what you know with regard to:

and to bring the following for submission to the NPTR/PRE/MRE:

SIGNED AT _____ on this _____ day of _____ 20_____

 AUTHORISED OFFICIAL OF THE OFFICE OF THE NPTR/PRE/MRE

FOR OFFICE USE ONLY

I certify that I have served this notice on the above-named person by- [* Delete whichever is not applicable + Tick appropriate one.]

- * delivering a true copy to him/her personally
- * leaving, as he/she could not conveniently be found, a true copy with apparently a responsible person at his/her-
- + place of business
- + usual place of residence
- + last known place or residence

SIGNED AT _____ on this _____ day of _____ 20_____

and at the same time informing him/her of the nature thereof.

 SIGNATURE OF AUTHORISED OFFICER



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

APPLICATION BY HIRER OF VEHICLE TO CERTIFY IT FOR USE BY TOURIST TRANSPORT OPERATOR IN TERMS OF SECTION 84 (2) OF THE ACT

SECTION A

PARTICULARS OF APPLICANT

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) Domicilium citandi et executandi Postal code

Telephone number Code

Facsimile number (if any) Code

E-Mail address (if any)

Number of existing operating licence

Date of expiry of OL or permit / /
 Y Y Y Y M M D D

Board/Regulatory Entity that issued operating licence or permit

SECTION B

VEHICLE DETAILS

An application is hereby made to certify the following vehicles in terms of Section 84 of the Act:

Vehicle 1:

Vehicle registration number

Vehicle identification number (VIN)

Type of vehicle

Year of manufacture

Make of Vehicle

Number of passengers to be carried



NATIONAL PUBLIC TRANSPORT REGULATOR/ PROVINCIAL REGULATORY ENTITY/ MUNICIPAL REGULATORY ENTITY

NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

FORM OF WRITTEN AUTHORISATION FOR THE TEMPORARY REPLACEMENT OF A VEHICLE

[Name of Operator] [ID/Registration number] who is the holder of operating licence/permit number [*****], is hereby authorised to replace the vehicle with the registration number [*****] with the vehicle with the registration number [*****] for the period [dd/mm/yyyy] until [dd/mm/yyyy].

[Signature]

Signed by official on behalf of [Regulatory Entity]

[Insert Name and designation]

