

TS1(5)(2012/03)

REPUBLIC OF SOUTH AFRICA

REPUBLIEK VAN SUID-AFRIKA

TS1

APPLICATION AND NOTICE I.R.O. REGISTRATION OF TESTING STATION
(National Road Traffic Act, 1996)

Logo

AANSOEK EN KENNISGEWING T.O.V. REGISTRASIE VAN TOETSSTASIE
(Nasionale Padverkeerswet, 1996)

NOTE: It shall be essential to produce the identity document of the management representative and, if applicable, a certified copy of the business registration certificate of the testing station.

LET WEL: Dit is noodsaaklik dat die identiteitsdokument van die bestuursvertegenwoordiger en, indien van toepassing, 'n gesertifiseerde afskrif van die besighedsregistrasiesertifikaat van die toetsstasie, voorgelê word.

LIST OF POSSIBLE TRANSACTIONS	Mark with X Merk met X	Parts of the form to be completed Dele van die vorm om in te vul						LYS VAN MOONTLIKE TRANSAKSIES
APPLICATION FOR:								AANSOEK OM:
Registration		A	B	C	D	E	F	Registrasie
Duplicate certificate of registration		A					F	Duplikaat sertifikaat van registrasie
NOTICE OF CHANGE OF								KENNISGEWING VAN VERANDERING VAN
Particulars of testing station		A					F	Besonderhede van toetsstasie
Examiners of vehicles		A				E	F	Ondersoekers van voertuie
Equipment and facilities		A	B				F	Toerusting en fasiliteite
Limitations		A			D		F	Beperkings

PARTICULARS OF TESTING STATION	A				BESONDERHEDE VAN TOETSSTASIE				
Type of identification (mark with X)	<input type="checkbox"/> traffic register no. verkeersregisternr.		<input type="checkbox"/> business reg. no. besigh.reg.nr.		Soort identifikasie (merk met X)				
Identification number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Identifikasienommer				
Nature of organisation (mark with X)	<input type="checkbox"/> local/prov/govt authority plaaslike/prov/staatsinstansie		<input type="checkbox"/> partnership vennootskap		<input type="checkbox"/> one man business eenmansaak		<input type="checkbox"/> close corporation beslote korporasie		Aard van instelling (merk met X)
Operating authority/ Organisation*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Owerheid/Instansie* wat toetsstasie bedryf				
Trade name (if any)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Handelsnaam (indien enige)				
E-mail address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				E-pos adres				
Contact telephone number during day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Kontaktelefoonnommer bedags				
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Postal address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Posadres				
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City/Town	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Stad/Dorp				
Street address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Straatadres				
Suburb	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Voorstad				
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Address where notices must be served (mark with X)	<input type="checkbox"/> postal address posadres		<input type="checkbox"/> street address straatadres		Adres waar kennisgewings beteken moet word (merk met X)				

PARTICULARS OF MANAGEMENT REPRESENTATIVE	BESONDERHEDE VAN BESTUURSVERTEENWOORDIGER						
Type of identification (mark with X)	<input type="checkbox"/> traffic register no. verkeersregisternr.		<input type="checkbox"/> RSA ID RSA ID		<input type="checkbox"/> foreign ID buitelandse ID		Soort identifikasie (merk met X)

TURN OVER

BLAAI OM

Identification number	<input type="text"/>	Identifikasienommer
Country of issue if foreign ID	<input type="text"/>	Land van uitreiking indien buitelandse ID
Surname and initials	<input type="text"/> and <input type="text"/>	Van en voorletters

APPLICATION	B	AANSOEK
Infrastructure number (if applicable)	<input type="text"/>	Infrastruktuurnummer (indien van toepassing)
Grade for which application is made (mark with X)	<input type="checkbox"/> A or <input type="checkbox"/> B	Gradering waarvoor aansoek gedoen word (merk met X)

EQUIPMENT AND FACILITIES	C	TOERUSTING EN FASILITEITE	
ITEM ITEM	INSTALLED GEINSTALLEER	TYPE SOORT	NUMBER AANTAL
Slow speed roller brake tester Stadige spoed rollertipe remtoetser	yes ja	no nee	
Covered inspection pit (5m), with lights Onderdakondersoekkuipe (5m), met ligte	yes ja	no nee	
Head lamp beam aim checking device/screen Hooflig-rioting toets uitrusting/skerm	yes ja	no nee	
Hydraulic trolley or pit jack Hidrouliese rol- of kuipdomkrag	yes ja	no nee	
Area for checking rearward field of vision Area om veldwydte van sig na agter te bepaal	yes ja	no nee	
Wheel alignment checking equipment Wielsporingtoets-toerusting	yes ja	no nee	
Smoke meter Rookmeter	yes ja	no nee	
Noise test equipment Geraaetoets-toerusting	yes ja	no nee	
Kingpin and fifth wheel gauges Skamel- en kringspilmeters	yes ja	no nee	
Wheel mass meter Wielweegskaal	yes ja	no nee	
Suitable road test area Voldoende padtoetsarea	yes ja	no nee	

LIMITATIONS¹	D	BEPERKINGS¹	
Vehicles owned and operated by certain persons	<input type="checkbox"/> yes <input type="checkbox"/> ja	<input type="checkbox"/> no <input type="checkbox"/> nee	Voertuie besit en gebruik deur sekere persone
Vehicles of certain makes	<input type="checkbox"/> yes <input type="checkbox"/> ja	<input type="checkbox"/> no <input type="checkbox"/> nee	Voertuie van sekere fabrikate
Vehicles of certain models	<input type="checkbox"/> yes <input type="checkbox"/> ja	<input type="checkbox"/> no <input type="checkbox"/> nee	Voertuie van sekere modelle
1: If yes, provide details			1: Indien ja, verskaf besonderhede
Vehicles of certain classes	<input type="checkbox"/> yes <input type="checkbox"/> ja	<input type="checkbox"/> no <input type="checkbox"/> nee	Voertuie van sekere klasse
Vehicles with certain dimensions	<input type="checkbox"/> yes <input type="checkbox"/> ja	<input type="checkbox"/> no <input type="checkbox"/> nee	Voertuie met sekere dimensies

EXAMINERS OF VEHICLES	E	ONDERSOEKERS VAN VOERTUIG																											
Attach a separate list if necessary. Attach certified copies of the Certificates of Registration (CR) of the examiners.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">SURNAME AND INITIALS OF EXAMINERS PRESENTLY EMPLOYED VAN EN VOORLETTERS VAN ONDERSOEKERS TANS IN DIENS</th> <th style="width:25%;">INFRASTRUCTURE NUMBER INFRASTRUKTUURNOMMER</th> <th style="width:10%;">GRADING GRADERING</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	SURNAME AND INITIALS OF EXAMINERS PRESENTLY EMPLOYED VAN EN VOORLETTERS VAN ONDERSOEKERS TANS IN DIENS	INFRASTRUCTURE NUMBER INFRASTRUKTUURNOMMER	GRADING GRADERING																									Heg 'n afsonderlike lys aan indien nodig. Heg gesertifiseerde afskrifte van die Sertifikaat van Registrasie (CR) van die ondersoekers aan.
SURNAME AND INITIALS OF EXAMINERS PRESENTLY EMPLOYED VAN EN VOORLETTERS VAN ONDERSOEKERS TANS IN DIENS	INFRASTRUCTURE NUMBER INFRASTRUKTUURNOMMER	GRADING GRADERING																											

DECLARATION	F	VERKLARING								
I, the management representative:		Ek, die bestuursvertegenwoordiger:								
(a) declare that all the particulars furnished by me in this form are true and correct; and (b) realise that a false declaration is punishable with a fine or imprisonment or both.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Signature</td> <td style="width:50%;">Handtekening</td> </tr> <tr> <td>Place</td> <td>Plek</td> </tr> <tr> <td>Date</td> <td>Datum</td> </tr> <tr> <td style="text-align: center;">2:0 : : :</td> <td style="text-align: center;">Y/J M D</td> </tr> </table>	Signature	Handtekening	Place	Plek	Date	Datum	2:0 : : :	Y/J M D	(a) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrek is, waar en korrek is; en (b) besef dat 'n vals verklaring strafbaar is met 'n boete of gevangenisstraf of beide.
Signature	Handtekening									
Place	Plek									
Date	Datum									
2:0 : : :	Y/J M D									

FOR OFFICE USE ONLY - APPLICATION	NET VIR KANTOORGEbruik - AANSOEK
Fees paid and receipt number R _____ and en [] [] [] [] [] [] [] [] [] []	Gelde betaal en kwitansienommer
Infrastructure number of testing station [] [] [] [] [] [] [] [] [] []	Infrastruktuurnommer van toetsstasie
Date of application (effective date) 2:0 : : : Y/J M D	Datum van aansoek (effektiewe datum)
Name and signature of counter official _____ Name/Naam _____ Signature/Handtekening _____ Date/Datum _____	Naam en handtekening van toonbankbeampte
Name and signature of data capturing official _____ Name/Naam _____ Signature/Handtekening _____ Date/Datum _____	Naam en handtekening van datavasleggingsbeampte

FOR OFFICE USE ONLY - REGISTRATION	NET VIR KANTOORGEbruik - REGISTRASIE
Date of grading and serial number of inspection report 2:0 : : : Y/J M D and en [] [] [] [] [] [] [] [] [] []	Datum van gradering en reeksnommer van inspeksieverslag
Grade failed or [A B] nie geslaag nie	Graad
Limitations	Beperkings
Graded by (surname and initials) [] [] [] [] [] [] [] [] [] [] and en [] []	Gegradeer deur (van en voorletters)
Signature and date _____ Signature/Handtekening _____ Date/Datum _____	Handtekening en datum
Name and signature of authorising official _____ Name/Naam _____ Signature/Handtekening _____ Date/Datum _____	Naam en handtekening van magtigingsbeampte
Name and signature of data capturing official _____ Name/Naam _____ Signature/Handtekening _____ Date/Datum _____	Naam en handtekening van datavasleggingsbeampte
Serial number (bottom right-hand corner) of certificate of registration issued [] [] [] [] [] [] [] [] [] []	Reeksnommer (onder regterkantste hoek) van sertifikaat van registrasie uitgereik

PARTICULARS OF MANAGEMENT REPRESENTATIVE	B	BESONDERHEDE VAN BESTUURSVERTEENWOORDIGER			
Type of identification (mark with X)	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px;">traffic register no. verkeersregisternr.</td> <td style="width: 30px;">RSA ID RSA ID</td> <td style="width: 30px;">foreign ID buitelandse ID</td> </tr> </table>	traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID	Soort identifikasie (merk met X)
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Identification number	<input style="width: 100%;" type="text"/>	Identifikasienommer			
Country of issue if foreign ID	<input style="width: 100%;" type="text"/>	Land van uitreiking indien buitelandse ID			
Surname and initials	<input style="width: 80%;" type="text"/> and <input style="width: 10%;" type="text"/> en <input style="width: 10%;" type="text"/>	Van en voorletters			
E-mail address	<input style="width: 100%;" type="text"/>	E-pos adres			
Contact telephone number during day	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <small>(code/kode) (number/nommer)</small>	Kontaktelefoonnummer bedags			
Facsimile number	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <small>(code/kode) (number/nommer)</small>	Faksimileenommer			
Cell phone number	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <small>(code/kode) (number/nommer)</small>	Selffoonnummer			
Postal address	<input style="width: 100%;" type="text"/>	Posadres			
Suburb	<input style="width: 100%;" type="text"/>	Voorstad			
City/Town	<input style="width: 100%;" type="text"/> <input style="width: 10%;" type="text"/> <small>(postal code/postkode)</small>	Stad/Dorp			
Street address	<input style="width: 100%;" type="text"/>	Straatadres			
Suburb	<input style="width: 100%;" type="text"/>	Voorstad			
City/Town	<input style="width: 100%;" type="text"/> <input style="width: 10%;" type="text"/> <small>(postal code/postkode)</small>	Stad/Dorp			

PARTICULARS OF ALTERNATE MANAGEMENT REPRESENTATIVE	C	BESONDERHEDE VAN ALTERNATIEWE BESTUURSVERTEENWOORDIGER			
Type of identification (mark with X)	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px;">traffic register no. verkeersregisternr.</td> <td style="width: 30px;">RSA ID RSA ID</td> <td style="width: 30px;">foreign ID buitelandse ID</td> </tr> </table>	traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID	Soort identifikasie (merk met X)
traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID			
Identification number	<input style="width: 100%;" type="text"/>	Identifikasienommer			
Country of issue if foreign ID	<input style="width: 100%;" type="text"/>	Land van uitreiking indien buitelandse ID			
Surname and initials	<input style="width: 80%;" type="text"/> and <input style="width: 10%;" type="text"/> en <input style="width: 10%;" type="text"/>	Van en voorletters			
E-mail address	<input style="width: 100%;" type="text"/>	E-pos adres			
Contact telephone number during day	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <small>(code/kode) (number/nommer)</small>	Kontaktelefoonnummer bedags			
Facsimile number	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <small>(code/kode) (number/nommer)</small>	Faksimileenommer			
Cell phone number	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <small>(code/kode) (number/nommer)</small>	Selffoonnummer			
Postal address	<input style="width: 100%;" type="text"/>	Posadres			
Suburb	<input style="width: 100%;" type="text"/>	Voorstad			
City/Town	<input style="width: 100%;" type="text"/> <input style="width: 10%;" type="text"/> <small>(postal code/postkode)</small>	Stad/Dorp			

Street address	<input type="text"/>	Straatadres
Suburb	<input type="text"/>	Voorstad
City/Town	<input type="text"/>	Stad/Dorp
	<input type="text"/>	(postal code/poskode)

PARTICULARS OF TESTING STATION PROPRIETOR	D	BESONDERHEDE VAN TOETSSTASIE EIENAAR
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Type of identification (mark with X)	<table border="1"> <tr> <td>traffic register no. verkeersregisternr.</td> <td>business reg. no. besigh.reg.nr.</td> </tr> </table>	traffic register no. verkeersregisternr.	business reg. no. besigh.reg.nr.	Soort identifikasie (merk met X)						
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Identification number	<input type="text"/>	Identifikasienommer								
Nature of organisation (mark with X)	<table border="1"> <tr> <td>local/prov/govt authority plaaslike/prov/staatsinstansie</td> <td>partnership vennootskap</td> <td>one man business eenmansaak</td> <td>close corporation beslote korporasie</td> </tr> <tr> <td colspan="4">other (specify): ander (spesifiseer):</td> </tr> </table>	local/prov/govt authority plaaslike/prov/staatsinstansie	partnership vennootskap	one man business eenmansaak	close corporation beslote korporasie	other (specify): ander (spesifiseer):				Aard van instelling (merk met X)
local/prov/govt authority plaaslike/prov/staatsinstansie	partnership vennootskap	one man business eenmansaak	close corporation beslote korporasie							
other (specify): ander (spesifiseer):										
Organisation*	<input type="text"/>	Instansie* wat toetsstasie bedryf								
Trade name (if any)	<input type="text"/>	Handelsnaam (indien enige)								
E-mail address	<input type="text"/>	E-pos adres								
Contact telephone number during day	<table border="1"> <tr> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>(code/kode)</td> <td></td> <td>(number/nommer)</td> </tr> </table>	<input type="text"/>	-	<input type="text"/>	(code/kode)		(number/nommer)	Kontaktelefoonnommer bedags		
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postal address posadres	street address straatadres									

PARTICULARS OF DESIGNATED SIGNATORY	E	BESONDERHEDE VAN GEVOLMAGTIDE								
Type of identification (mark with X)	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">traffic register no. verkeersregisternr.</td> <td style="padding: 2px;">business reg. no. besigh.reg.nr.</td> </tr> </table>	traffic register no. verkeersregisternr.	business reg. no. besigh.reg.nr.	Soort identifikasie (merk met X)						
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other (specify): ander (spesifiseer):										
Organisation*	<input style="width:100%;" type="text"/>	Instansie* wat toetsstasie bedryf								
Trade name (if any)	<input style="width:100%;" type="text"/>	Handelsnaam (indien enige)								
E-mail address	<input style="width:100%;" type="text"/>	E-pos adres								
Contact telephone number during day	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%;"><input style="width:100%;" type="text"/></td> <td style="width:10%; text-align:center;">-</td> <td style="width:75%;"><input style="width:100%;" type="text"/></td> </tr> <tr> <td style="font-size: 8px; text-align:center;">(code/kode)</td> <td></td> <td style="font-size: 8px; text-align:center;">(number/nommer)</td> </tr> </table>	<input style="width:100%;" type="text"/>	-	<input style="width:100%;" type="text"/>	(code/kode)		(number/nommer)	Kontaktelefoonnummer bedags		
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Facsimile number	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%;"><input style="width:100%;" type="text"/></td> <td style="width:10%; text-align:center;">-</td> <td style="width:75%;"><input style="width:100%;" type="text"/></td> </tr> <tr> <td style="font-size: 8px; text-align:center;">(code/kode)</td> <td></td> <td style="font-size: 8px; text-align:center;">(number/nommer)</td> </tr> </table>	<input style="width:100%;" type="text"/>	-	<input style="width:100%;" type="text"/>	(code/kode)		(number/nommer)	Faksimiteenommer		
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Cell phone number	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%;"><input style="width:100%;" type="text"/></td> <td style="width:10%; text-align:center;">-</td> <td style="width:75%;"><input style="width:100%;" type="text"/></td> </tr> <tr> <td style="font-size: 8px; text-align:center;">(code/kode)</td> <td></td> <td style="font-size: 8px; text-align:center;">(number/nommer)</td> </tr> </table>	<input style="width:100%;" type="text"/>	-	<input style="width:100%;" type="text"/>	(code/kode)		(number/nommer)	Selffoonnummer		
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(code/kode)		(number/nommer)								
Postal address	<input style="width:100%;" type="text"/>	Posadres								
Suburb	<input style="width:100%;" type="text"/>	Voorstad								
City/Town	<input style="width:100%;" type="text"/>	Stad/Dorp								
Street address	<input style="width:100%;" type="text"/>	Straatadres								
Suburb	<input style="width:100%;" type="text"/>	Voorstad								
City/Town	<input style="width:100%;" type="text"/>	Stad/Dorp								
Address where notices must be served (mark with X)	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">postal address posadres</td> <td style="padding: 2px;">street address straatadres</td> </tr> </table>	postal address posadres	street address straatadres	Adres waar kennisgewings beteken moet word (merk met X)						
postal address posadres	street address straatadres									

DECLARATION	F	VERKLARING																				
I, the proprietor/designated signatory:		Ek, die eienaar/gevolmagtigde:																				
(a) declare that all the particulars furnished by me in this form are true and correct; and	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:60%;">Signature</td> <td style="width:40%;">Handtekening</td> </tr> <tr> <td>Place</td> <td>Plek</td> </tr> <tr> <td>Date</td> <td> <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%; text-align:center;">2:0</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> </tr> <tr> <td style="font-size: 8px; text-align:center;">Y/J</td> <td></td> <td style="font-size: 8px; text-align:center;">M</td> <td></td> <td style="font-size: 8px; text-align:center;">D</td> <td></td> </tr> </table> </td> </tr> <tr> <td></td> <td>Datum</td> </tr> </table>	Signature	Handtekening	Place	Plek	Date	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%; text-align:center;">2:0</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> </tr> <tr> <td style="font-size: 8px; text-align:center;">Y/J</td> <td></td> <td style="font-size: 8px; text-align:center;">M</td> <td></td> <td style="font-size: 8px; text-align:center;">D</td> <td></td> </tr> </table>	2:0	:	:	:	:	:	Y/J		M		D			Datum	(a) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrek is, waar en korrek is; en
Signature	Handtekening																					
Place	Plek																					
Date	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%; text-align:center;">2:0</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> </tr> <tr> <td style="font-size: 8px; text-align:center;">Y/J</td> <td></td> <td style="font-size: 8px; text-align:center;">M</td> <td></td> <td style="font-size: 8px; text-align:center;">D</td> <td></td> </tr> </table>	2:0	:	:	:	:	:	Y/J		M		D										
2:0	:	:	:	:	:																	
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(b) realise that a false declaration is punishable with a fine or imprisonment or both.		(b) besef dat 'n vals verklaring strafbaar is met 'n boete of gevangenisstraf of beide.																				

FOR OFFICE USE ONLY	NET VIR KANTOORGEBRUIK													
Infrastructure number of testing station	<input style="width:100%;" type="text"/>	Infrastruktuurnommer van toetsstasie												
Date of application (effective date)	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:15%; text-align:center;">2:0</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:5%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> <td style="width:15%; text-align:center;">:</td> </tr> <tr> <td style="font-size: 8px; text-align:center;">Y/J</td> <td></td> <td style="font-size: 8px; text-align:center;">M</td> <td></td> <td style="font-size: 8px; text-align:center;">D</td> <td></td> </tr> </table>	2:0	:	:	:	:	:	Y/J		M		D		Datum van aansoek (effektiewe datum)
2:0	:	:	:	:	:									
Y/J		M		D										
Name and signature of counter official	_____	Naam en handtekening van toonbankbeampte												
	Signature/Handtekening	Date/Datum												
Name and signature of data capturing official	_____	Naam en handtekening van datavasleggingsbeampte												
	Signature/Handtekening	Date/Datum												



Tick appropriate box: Operator Owner

Name	
Work telephone	(code)
Cellphone number	
Email address	
Business address	address line 1
	address line 2
	address line 3
	address line 4
postal code	

Vehicle Details:

VIN/CHASSIS number:

Licence number:

Odometer reading at origin (km)	
Odometer reading at destination (km)	

Trip Details:

Origin	
Destination	

Estimated drive time	H	H	:	M	M					
Estimated drive distance (km)										
Date of departure at origin	Y	Y	Y	Y	/	M	M	/	D	D
Time of departure at origin	H	H	:	M	M					
Date of arrival at destination	Y	Y	Y	Y	/	M	M	/	D	D
Time of arrival at destination	H	H	:	M	M					

Driver Details:

Driver 1	
ID number:	<input type="text"/>
Driving licence number:	<input type="text"/>
Name:	<input type="text"/>
Surname:	<input type="text"/>
Contact number:	<input type="text"/>
Driver 2	
ID Number:	<input type="text"/>
Driving licence number:	<input type="text"/>
Name:	<input type="text"/>
Surname:	<input type="text"/>
Contact number:	<input type="text"/>
Driver 3	
ID number:	<input type="text"/>
Driving licence number:	<input type="text"/>
Name:	<input type="text"/>
Surname:	<input type="text"/>
Contact number:	<input type="text"/>
Driver 4	
ID number:	<input type="text"/>
Driving licence number:	<input type="text"/>
Name:	<input type="text"/>
Surname:	<input type="text"/>
Contact number:	<input type="text"/>

DTL

Shift No.	Date	Time	Shift	Remarks
1		HH:MM	HH:MM	
2		HH:MM	HH:MM	
3		HH:MM	HH:MM	
4		HH:MM	HH:MM	
5		HH:MM	HH:MM	
6		HH:MM	HH:MM	
7		HH:MM	HH:MM	
8		HH:MM	HH:MM	
9		HH:MM	HH:MM	
10		HH:MM	HH:MM	
11		HH:MM	HH:MM	

Amendment of Schedule 4 of the Regulations

75. Schedule 4 of the regulations is hereby amended by-

(a) the substitution for item 3 of the following item:

3. PHYSICAL REQUIREMENTS

A vehicle testing station must have the equipment and facilities indicated in the table below and must use such equipment to evaluate the roadworthiness of a motor vehicle.

	GRADE A	GRADE B
1. Brake roller tester	10 000 kg capacity	2 000 kg capacity
2. Examination pit	At least 18 metres, unless such station was registered before 1 February 2000, at least five metres	At least five metres
3. Area for checking rearview field of vision	✓	✓
4. Safe or strong room	✓	✓
5. Hydraulic jack or play detector	10 000 kg capacity	2 000 kg capacity
6. Wheel alignment equipment	10 000 kg capacity	2 000 kg capacity
7. Kingpin and fifth wheel gauges	✓	✓
8. Tyre tread depth gauge	✓	✓
9. Vehicle height gauge	✓	✓
10. Measuring tape	30 m	5 m
11. Crow-bar	✓	✓
12. Plumb line	✓	✓
13. Inspection lamp	✓	✓
14. Straight edge	✓	✓
15. Head lamp aim checking device / screen	✓	✓
16. Wheel mass meter	✓	✓
17. Suitable road test area	Turning area for 17.5 metres turning radius	Turning area for 13.1 metres turning radius
18. Vernier gauge		✓

Provided that a testing station registered prior to the implementation of this Schedule, shall comply with the requirements for a play detector after two years from the date of publication of this schedule in the government gazette.

Provided further that a wheel mass meter shall be capable of being linked to a brake tester and to calculate the brake requirements and provide a printed brake report after two years from the date of publication of this schedule in the government gazette.

(b) the substitution of item 6.1 of the following item:

"6.1. A management representative shall not examine more than 150 motor vehicles per month."

Short title and commencement

76. These Regulations are published for comments and discussions.