



GAUTENG PROVINCE

ROADS AND TRANSPORT
REPUBLIC OF SOUTH AFRICA

FORM 1B

APPLICATION FOR THE GRANTING, RENEWAL, AMENDMENT,
TRANSFER OR CONVERSION OF AN OPERATING LICENCE OR
PERMIT GAUTENG PROVINCIAL REGULATORY ENTITY NATIONAL
LAND TRANSPORT ACT, 2009 (ACT NO 5 OF 2009)

SECTION A (COMPULSORY FOR ALL APPLICATION TYPES)

TYPE OF APPLICATION		
This application is for:		
Application type	Tick Application Type	Compulsory sections to be
1. New operating license		A, B,C,F,G,H,K,L,
2. Transfer of an operating licenses or		A, B, C, D, F, G, H, K, L
3. Amendment of an operating license or		
a. Additional authority		
b. Amendment of route or area		
c. Change of particulars		
d. Amendment of timetables, tariffs or other conditions		Editorial Note: Numbering as per original Government Gazette
e. Replace existing vehicles		
f.OL for recapitalized vehicle		
4. Renewal of operating license or permit		A, B, C, D, F, G, H, K, L
5. Conversion of a permit to an operating		A, B, C, D, F, G, H, K, L



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SECTION F (COMPULSORY FOR ALL APPLICATION TYPES)

TYPE OF PUBLIC TRANSPORT SERVICE

Tick type of service: it may be necessary to tick more than one]

**Please attach a certified copy of the contract between the operator and school or other educational institution or letter of authorization from the principal or authorized administrative officer.*

**Attach certified copies of the professional driving permits of all the drivers to be used for this service.*

Type of service

Scheduled bus service	Minibus taxi-type service
Staff service	Charter service
Courtesy service	Metered taxi service
*Scholar service	Other service

Other type of service (describe)

Number of passengers that will be carried

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In the case of a long-distance service, state why passengers cannot use existing transports services and motivate why the proposed service is necessary (supporting documents may be attached)

In the case of a renewal, amendment, transfer or conversion, have the services been provided continuously for a period of 180 days prior to the date of application?

YES	NO

If No, give reasons

** Any recommendations or documentation in support of this application may be attached*



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SECTION G

PARTICULARS OF ROUTES (Not applicable for Charter Services and Metered Taxis)

Describe the **FIRST** route in details:

Departure point

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Destination

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Route description (State street names or 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)

Describe the **SECOND** route in detail (Complete for application of additional service)

Departure point

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

Destination

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Route description (State street names or 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)

[If there are more routes, they must be described on a separate sheet of paper] In the case of Metered Taxis please describe the area which will be serviced:



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SECTION L (COMPULSORY FOR ALL 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 licenses 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
Motor Car			
Minibus			
Midibus			
Bus			
Other			

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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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VEHICLE 2:

Vehicle Registration number

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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	
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No	
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VEHICLE 3:

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	
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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

OPERATING LICENSE PARTICULARS

OPERATING LICENSE 1

Operating license number

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Valid from

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Valid to

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Captured application details on OLAS

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date submitted to Publications

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date referred to PREs and Planning Authority

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

OPERATING LICENSE 2

Operating license number

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

Valid from

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Valid to

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Captured application details on OLAS

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---



Date submitted to Publications

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date referred to PREs and Planning Authority

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

OPERATING LICENCE 3

Operating license number

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Valid from

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Valid to

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Captured application details on OLAS

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date submitted to Publications

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date referred to PREs and Planning Authority

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

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

FORM1B

OPERATING LICENCE PARTICULARS

Date application received

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

Y	Y	Y	Y	M	M	D	D
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Reference number

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

Reference number

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

Amount paid

R									
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Date submitted to Publications

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date referred to PREs and Planning Authority

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Valid from

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Valid to

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Official's name

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Y	Y	Y	Y	M	M	D	D
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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

A copy of the following

	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 license 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
	Letter or document of recommendation in support of the application (if any).