

***THE PROVINCE OF
GAUTENG***

***DIE PROVINSIE
GAUTENG***

**Provincial Gazette Extraordinary
Buitengewone Provinsiale Koerant**

Vol. 17

**PRETORIA, 11 FEBRUARY 2011
FEBRUARIE**

No. 21

IMPORTANT NOTICE

The Government Printing Works will not be held responsible for faxed documents not received due to errors on the fax machine or faxes received which are unclear or incomplete. Please be advised that an "OK" slip, received from a fax machine, will not be accepted as proof that documents were received by the GPW for printing. If documents are faxed to the GPW it will be the sender's responsibility to phone and confirm that the documents were received in good order.

Furthermore the Government Printing Works will also not be held responsible for cancellations and amendments which have not been done on original documents received from clients.

CONTENTS · INHOUD

No.

Page
No. Gazette
No.**GENERAL NOTICE**

343	Gauteng Public Passenger Road Transport Act (7/2001): Gauteng Public Passenger Road Transport Amendment Regulations, 2010.....	3	21
-----	--	---	----

GENERAL NOTICE

NOTICE 343 OF 2011

DEPARTMENT OF ROADS AND TRANSPORT

GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001

(ACT NO.7 OF 2001)

GAUTENG PUBLIC PASSENGER ROAD TRANSPORT AMENDMENT REGULATIONS, 2010

The Member of the Executive Council responsible for public transport in the Province has, in terms of section 21 of the Gauteng Public Passenger Road Transport Act, 2001 (Act No.7 of 2001), made the Regulations in the Schedule.

SCHEDULE

Definition

- 1.** In these regulations, unless the context otherwise indicates "the Regulations" means the Gauteng Public Passenger Road Transport Regulations, 2002, published under Provincial Notice No. 105 of 14 January 2003.

Amendment of regulation 5 of the Regulations

2. Regulation 5(1) of the Regulations is hereby amended by the addition of the following paragraph:

"(s) in the case of a juristic person, a list of members, share holders, partners and an indication of percentage owned by:

- (i) HDI;
- (ii) Women
- (iii) people with disabilities;
- (iv) youth; and
- (v) others."

Amendment of Schedule 2 of the Regulations

3. Schedule 2 of the Regulations is hereby amended by the substitution for Forms 1 to Forms 9 of the following Forms:

"Schedule 2A

FORMS

FORM 1: APPLICATION FOR CONVERSION OF A PERMIT TO AN OPERATING LICENCE (Section 35)

FORM 2: APPLICATION FOR GRANTING, AMENDMENT OR TRANSFER OF AN OPERATING LICENCE FOR CONTRACTED SERVICE (Section 39 (1))

FORM 3: APPLICATION FOR GRANTING, AMENDMENT OR TRANSFER OF A OPERATING LICENCE FOR NON-CONTRACTED SERVICE (Section 38 (2))

FORM 4: APPLICATION FOR AMENDMENT OF OPERATING LICENCE
TO REPLACE A SPECIFIC VEHICLE (Section 39(9))

FORM 5: FORM OF NOTICE REQUIRING A PERSON TO APPEAR
BEFORE THE GAUTENG TRANSPORT OPERATING LICENCE
BOARD (Section 31(1)(d)(ii))

FORM 6: FORM OF NOTICE REQUIRING A PERSON TO APPEAR
BEFORE THE GAUTENG PUBLIC PASSENGER APPEAL BOARD
(Section 57(1)(b))

FORM 7: FORM OF AD HOC AUTHORISATION (Section 52(5))

FORM 8: APPLICATION FOR REGISTRATION OF ASSOCIATION
(Section 65(1))

FORM 9: APPLICATION FOR REGISTRATION OF NON MEMBER
(Section 75(2))



**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

PARTICULARS OF APPLICANT
(For natural persons)

[illegible]

7

11

7

[illegible]

--

	Postal Code	

Postal Code

	Postal Code	

Postal Code

[illegible]

Mobile Number

[illegible]

Fax Number

[illegible]

e-mail address

Income Tax Reg. No.
(Attach proof of
Registration)

[illegible]

or
State reason why
applicant is not registered
as a tax payer

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

	Postal Code	

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

PARTICULARS OF APPLICANT
(For juristic persons)

Name of entity:

Type of Identification:

Registration Certificate

☐

Founding Statement

☐

Constitution / Other

☐

Registration Number:

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

Trade Name:

--

Postal Address

Postal Code

Registered Address/
Principal place of business
(if different from postal)

Postal Code

Tel No.: home/business

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

Mobile Number

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

Fax Number

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

e-mail address

--

Income Tax Reg No
(Attach proof of
registration)

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

or

State reason why applicant
is not registered as a tax
payer

--

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

					Postal Code				

Tel No.: home/business

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

Mobile Number

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

Special Power of Attorney attached? [Tick whichever is applicable]

☐ Yes / ☐ No

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

Surname:

Full Names:

Type of Identification:

RSA Identity Document

☐

Passport

☐

Other (specify)

☐

Identity / Passport No.

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

Tel No: Home/ Business

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

Mobile Number

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

Date of resolution

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

LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP

[illegible]

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

**** People claiming disability must attach proof of disability from the relevant government institution**

*** "Youth "means persons between the ages of 14 and 35

PARTICULARS PERMIT (S) TO BE CONVERTED

Permit Number

[illegible]Board which issued
the permit

Date of issue

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

(If more than one please indicate same information in a separate sheet of paper for each permit)

Date received

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

Application Number

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

Date dispatched for issuing

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

TYPE OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE

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

Type of service:

Bus-Type service

Mini Taxi-type service

Education service

Metered Taxi service

Tuk-Tuk service

Accessible Transport service

Coach Type

Charter service

Tourist Service

Staff service

Courtesy service

Shuttle service

Have the services been provided on a regular basis for 180 days before the date of application was made.

Yes	No
-----	----

If YES attach proof (e.g. letter from planning authority, association, affidavit etc.)

If NO, give reasons:

AUTHORISED RANKS AND TERMINALS

State the authorized ranks or terminals used:

Rank or terminal No. / code (if applicable)

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

PARTICULARS OF VEHICLE

1. A separate application form must be lodged in respect of each motor vehicle where different route(s) or area(s) are sought in respect of the different vehicles.
2. The applicant must be registered as the owner or operator of the vehicle in terms of the National Road Traffic Act, 1996.

Vehicle Registration number

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

Vehicle Identification number

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

Vehicle Make

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

Year of Manufacture

--	--	--	--

Passenger Capacity

--	--	--

Chassis Number

[illegible]

Type of vehicle

Motor Car	Minibus	Midi bus	Bus	Other
-----------	---------	----------	-----	-------

Roadworthy certificate number

--	--	--	--	--

Expiry date

--	--	--	--

Planning Authority from which vehicle operates

[illegible]

(If the application relates to more than one vehicle, particulars of the other vehicles must be supplied on separate sheets)

In the case of an adapted light delivery vehicle, measures to ensure safety of passengers:

Method of securing seats to floor and /or sides of vehicle:

Method used to build up and reinforce area which passengers are carried or to be carried:

Other Methods to ensure passenger safety (if any):

Name of manufacturer who manufactured the vehicle:

Registration number of manufacturer:

[illegible]

Comments by the association operating on the route (in the case of conversion from radius or area based permit to route based operating licence of a minibus taxi type service)

Yes	No
-----	----

Yes	No
-----	----

Registration certificate No. / attach certificate that non member qualifies for registration (only in the case of a minibus taxi type, bus type, coach type and metered taxi service)

[illegible]

DECLARATION BY APPLICANT

the undersigned applicant / representative of applicant *, declare that all of the particulars furnished by me / applicant ** in this form are true and correct.

Place

AFFIDAVIT REGARDING PREVIOUS CONVICTIONS FOR OFFENCES
(Section 38(7) of the Act)

[To be completed by all applicants]

I, _____
(full names of applicant / representative of applicant)

the undersigned hereby make oath / affirmation * and say that I have / have not been * / applicant has / has not been * convicted of any of the following offences:

[Tick the relevant box if applicable]

An offence under the Act, e.g. operating public passenger road transport without the necessary operating licence or permit

An offence under the National Road Traffic Act, 1996 (Act No. 93 of 1996) or the Gauteng Provincial Road Traffic Act, 1997 (Act No. 10 of 1997) for which a fine of more than R200.00 or imprisonment for more than six months was imposed

An offence listed in schedule 1 of the Criminal Procedure Act, 1977 (Act No.51 of 1977), e.g. murder, rape

Possession of unlicensed firearm or dangerous weapon as defined in the Dangerous Weapons Act, 1968 (Act No. 71 of 1968), or illegal possession of explosives

Conspiracy, incitement or attempt to commit an offence mentioned above

If any box was ticked above state the date of conviction, case number and the court involved:

[Tick where applicable]

I have a spouse, partner or immediate family member, dependent, business partner or employer who is an authorised official or an official of the public service, Provincial Administration or a Municipal administration.

Yes	No
-----	----

If yes, provide particulars:

Signature

SIGNED and sworn to / affirmed before me at _____ on this _____ day
of _____ 20_____ by the deponent who acknowledged that he /she knows and
understand the contents of this affidavit.

COMMISSIONER OF OATHS

PARTICULARS OF APPLICANT
(For natural persons)

--

Type of Identification:

7

[illegible]

--

	Postal Code	

	Postal Code	

[illegible][illegible][illegible]

e-mail address

Income Tax Reg No
(Attach proof of
registration)

[illegible]

or

State reason why applicant is not registered as a tax payer

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

	Postal Code	

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

PARTICULARS OF APPLICANT
(For juristic persons)

Name of entity:

Type of Identification:

Registration Certificate

7

Founding Statement

11

Constitution / Other

7

Registration Number:

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

Trade Name (if any):

--

Postal Address

Postal Code

--

Registered Address/
Principal place of business
(if different from postal)

Postal Code

--

Tel No.: home/business

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

Mobile Number

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

Fax Number

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

e-mail address

--

Income Tax Reg No
(Attach proof of
registration)

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

or

State reason why applicant
is not registered as a tax
payer

--

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

--

Address:

Postal Code

--

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

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

Surname:

[illegible]

Full Names:

--

Type of Identification:

RSA Identity Document

Passport

11

Other (specify) _____

Identity / Passport No.

[illegible]

Tel No: home/ business

[illegible]

Mobile Number

[illegible]

Date of resolution

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

**LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY
NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP**

[illegible]

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

**** People claiming disability must attach proof of disability from the relevant government institution**

*** "Youth "means persons between the ages of 14 and 35

PARTICULARS PERMIT OF EXISTING OPERATING LICENCE
(In case of application for amendment or transfer)

Operating Licence Number

[illegible]

Board which issued the
Operating Licence

Date of issue

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

Note: (A permit must first be converted to an operating licence before it may be renewed, amended or transferred)

<p>DATE RECEIVED</p> <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>																Y	Y	Y	Y	M	M	D	D	<p>Application Number</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																	
Y	Y	Y	Y	M	M	D	D																																		
<p>Date dispatched to printer (in case of conversion of a radius or area based permit to a route based operating licence)</p> <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>																								Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D																																		

TYPE OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE

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

Type of service:

Bus-Type service	<input type="checkbox"/>	Mini Taxi-type service	<input type="checkbox"/>
Education service	<input type="checkbox"/>	Metered Taxi service	<input type="checkbox"/>
Tuk-Tuk service	<input type="checkbox"/>	Accessible Transport service	<input type="checkbox"/>
Coach Type	<input type="checkbox"/>	Charter service	<input type="checkbox"/>
Tourist Service	<input type="checkbox"/>	Staff service	<input type="checkbox"/>
Courtesy service	<input type="checkbox"/>	Shuttle service	<input type="checkbox"/>

Number of passengers that are carried:

Seated	<input type="checkbox"/>	Standing Capacity	<input type="checkbox"/>
--------	--------------------------	-------------------	--------------------------

REASONS FOR AMENDMENT OF OPERATING LICENCE

(In case of an application for amendment)

State the type of amendment required and the reasons

(The amended agreement or letter from the contracting authority must be submitted)

PARTICULARS OF TRANSFEROR (In case of an application for transfer)

Surname:

Full Names:

Type of Identification:

RSA Identity Document

☐

Temporary Identity Certificate

☐

Founding
Statement

☐

Passport

☐

Constitution/ Other

☐

Certificate of
Incorporation

☐

Identity / Passport No.

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

Trade Name (if any)

State reasons for the transfer:

DECLARATION BY TRANSFEROR

I, _____
(full names of signatory)

the undersigned transferor / duly authorised representative of transferor * declare that I have read and agree with the contents of this form and that I consent to the transfer of the operating license

Signature

Date _____

Place

REGISTRATION PARTICULARS

*[Delete whichever is not applicable]

Registration certificate No./attach certificate that non member qualifies for registration (only in the case of a minibus taxi type, bus type, coach type and metered taxi service)

[illegible]**PARTICULARS OF VEHICLE**

1. A separate application form must be lodged in respect of each motor vehicle where different route(s) or area(s) are sought in respect of the different vehicles.
2. The applicant must be registered as the owner or operator of the vehicle in terms of the National Road Traffic Act, 1996.

Vehicle Registration number

[illegible]

Vehicle Identification number

[illegible]

Vehicle Make

Year of Manufacture

--	--	--	--

Seating Capacity

--	--	--

Chassis Number

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

Type of vehicle

Motor Car	Minibus	Midi bus	Bus	Other
-----------	---------	----------	-----	-------

Roadworthy certificate number

--	--	--	--	--

Expiry date

--	--	--	--

Planning Authority from which
vehicle operates

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

(Applies only after the date determined and published under section 69 of the Act)

DECLARATION BY APPLICANTI, _____
(full names of signatory)

the undersigned applicant / duly authorised representative of applicant *, declare that all of the particulars furnished by me / applicant ** in this form are true and correct.

Signature_____
Date_____
Place

**AFFIDAVIT REGARDING PREVIOUS CONVICTIONS FOR OFFENCES
(Section 38(7) of the Act)**

[To be completed by all applicants]

I, _____
(full names of applicant / representative of applicant)

the undersigned hereby make oath / affirmation * and say that I have / have not been * / applicant
has / has not been * convicted of any of the following offences:

[Tick the relevant box if applicable]

An offence under the Act, e.g. operating public passenger road transport without the
necessary operating licence or permit

An offence under the National Road Traffic Act, 1996 (Act No. 93 of 1996) or the Gauteng
Provincial Road Traffic Act, 1997 (Act No. 10 of 1997) for which a fine of more than R200.00
or imprisonment for more than six months was imposed

An offence listed in schedule 1 of the Criminal Procedure Act, 1977 (Act No.51 of 1977), e.g.
murder, rape

Possession of unlicensed firearm or dangerous weapon as defined in the Dangerous Weapons
Act, 1968 (Act No. 71 of 1968), or illegal possession of explosives

Conspiracy, incitement or attempt to commit an offence mentioned above

**If any box was ticked above state the date of conviction, case number and the court
involved:**

[Tick where applicable]

I have a spouse, partner or immediate family member, dependent, business partner or employer who
is an authorised official or an official of the public service, Provincial Administration or a municipal
administration.

Yes	No
-----	----

If yes, provide particulars:

Signature

SIGNED and sworn to / affirmed before me at _____ on this _____ day
of _____ 20____ by the deponent who acknowledged that he /she knows and
understand the contents of this affidavit.

COMMISSIONER OF OATHS

**FORM 3**

**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

FORM 3: APPLICATION FOR GRANTING, AMENDMENT OR TRANSFER OF A OPERATING LICENCE FOR NON-CONTRACTED SERVICE
Section 38 (2) of the Act

1. The applicant must pay a fee of R200.00 on lodging the application.
2. Applicants are advised to withhold purchasing of vehicles until the outcome of the application is known.
3. In the case of a staff service where there is a contract between the operator and the employer, a certified copy of the contract must accompany the application.

TYPE OF APPLICATION

This application is for:

[Tick the applicable box]

Granting of new operating licence in respect of a:

Duplicate operating licence / permit or Distinguishing mark

Amendment for an operating for:

1. Amendment of a route or area
2. Increase the number of passengers
3. Additional authority
4. Change of particulars
5. Amendment of timetables of tariff
6. Transfer of an operating
7. Renewal of an operating licence

PARTICULARS OF APPLICANT
(For natural persons)Surname: Full Names:

Type of Identification:

RSA Identity Document ☐ Temporary Identity Certificate ☐ Passport ☐Identity / Passport No.

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

Trade Name (if any) Postal Address

						Postal Code						

Street Address/
Principal Place of
Business (if different
from postal)

						Postal Code						

Tel No.: home/business

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

Mobile Number

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

Fax Number

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

e-mail address

Income Tax Reg No
(Attach proof of
registration)
or

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

State reason why applicant
is not registered as a tax
payer

--

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

--

Address:

Postal Code

Tel No.: home/business

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

Mobile Number

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

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

PARTICULARS OF APPLICANT
(For juristic persons)

Name of entity:

--

Type of Identification:

Registration Certificate

--

Founding Statement

--

Constitution / Other

--

Registration Number:

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

Trade Name (if any):

--

Postal Address

Postal Code

--

Registered Address/
Principal place of business
(if different from postal)

Postal Code

--

Tel No.: home/business

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

Mobile Number

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

Fax Number

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

e-mail address

--

Income Tax Reg No
(Attach proof of
registration)

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

or

State reason why applicant
is not registered as a tax
payer

--

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

--

Address:

Postal Code

--

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

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

Surname:

Full Names:

Type of Identification:

RSA Identity Document

8

Passport

11

Other (specify)

7

Identity / Passport No.

[illegible]

Tel No: Home/ Business

[illegible]

Mobile Number

[illegible]

Date of resolution

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

LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP

[illegible]

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

**** People claiming disability must attach proof of disability from the relevant government institution**

*** "Youth "means persons between the ages of 14 and 35

PARTICULARS OF EXISTING OPERATING LICENCE
(In case of application for amendment of transfer)

Operating Licence
Number[illegible]

Board which issued the Operating Licence

Date of issue

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

Note: (A permit must first be converted to an operating licence before it may be renewed, amended or transferred)

PARTICULARS OF OTHER PERMITS AND OPERATING LICENCES HELD BY THE APPLICANT

Permit /Operating licence number

--

Board which issued the operating licence

--

Date of issue

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

Vehicle or vehicles to which permit or operating licence relates (registration number(s)):

--

If the applicant holds other permits or operating licence, state their numbers (s), the board (s) that issued them, their dates of issue and the relevant vehicle registration number (s), and attach copies:

(Note: permits must first be converted to operating licences before they may be renewed, amended or transferred)

FOR OFFICE USE ONLY

Fees Paid

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

Receipt Number

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

Date received

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

Application Number

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

Date dispatched to printer

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

TYPE OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE

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

Type of service:

Bus-Type service	<input type="checkbox"/>	Mini Taxi-type service	<input type="checkbox"/>
Education service	<input type="checkbox"/>	Metered Taxi service	<input type="checkbox"/>
Tuk-Tuk service	<input type="checkbox"/>	Accessible Transport service	<input type="checkbox"/>
Coach Type	<input type="checkbox"/>	Charter service	<input type="checkbox"/>
Tourist Service	<input type="checkbox"/>	Staff service	<input type="checkbox"/>
Courtesy service	<input type="checkbox"/>	Shuttle service	<input type="checkbox"/>

Number of passengers that are carried:

Seated	<input type="text"/>	Standing Capacity	<input type="text"/>
--------	----------------------	-------------------	----------------------

In case of a long distance service, state why passenger cannot use existing transport facilities and motivate why the proposed service is necessary (supporting documents may be attached)

(In the case of a long distance minibus service, recommendations from the taxi associations with an interest in the matter may be attached)

(In the case of a staff service where there is a contract between the operator and the employer, the contract or a copy thereof certified by the employer must be submitted)

In the case of renewal, amendment or transfer, have the services been provided on regular basis for 180 days before the date on which this application is made?

*[Tick where applicable]

Yes	No
-----	----

If NO, give reasons:

(In the case of a staff service where there is a contract between the operator and the employer, the contract or a copy thereof certified by the employer must be submitted)

PARTICULARS OF ROUTES

Describe the first route in detail (as operated before this application) or to be operated

Departure Point:

Destination:

Route description (State street names or road numbers and each point where passengers are picked up or dropped off, and, where applicable, beacons or land marks for each city, town, village or settlement: vague route descriptions will not be accepted)

Route no. / code

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

(If there is more than one route, each must be described on a separate sheet of paper)

RANKS AND TERMINAL

State the authorised ranks or terminals used or to be used:

Rank or terminal No. / code

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

REASONS FOR THE AMENDMENT OF OPERATING LICENSE
(In case of an application for amendment)

State the type of amendment required and reasons:

PARTICULARS OF TRANSFEROR
(In case of an application for transfer)

Name of Transferor:

--

Type of Identification:

RSA Identity Document

☐

Temporary Identity Certificate

☐

Founding Statement

☐

Passport

☐

Constitution/ Other

☐

Certificate of Incorporation

☐
Identity / passport/
Registration Number

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

Trade Name (if any)

--

State reasons for the transfer:

DECLARATION BY TRANSFEROR

I, _____
(full names of signatory)

the undersigned transferor / duly authorised representative of transferor * declare that I have read and agree with the contents of this form and that I / transferor ** consent to the transfer of the operating licence, details of which are contained in this application.

Signature

Date _____

Place

PARTICULARS OF VEHICLE

1. A separate application form must be lodged in respect of each motor vehicle where different route(s) or area(s) are sought in respect of the different vehicles.
2. The applicant must be registered as the owner or operator of the vehicle in terms of the National Road Traffic Act, 1996 (Act No. 93 of 1996) (unless the applicant is a sub-contractor under a subsidized service contract or commercial service contract)

Vehicle Registration number

[illegible]

Vehicle Identification number

[illegible]

Vehicle Make

Year of Manufacture

--	--	--	--

Passenger Capacity

--	--	--

Chassis Number

[illegible]

Type of vehicle

Motor Car	Minibus	Midi bus	Bus	Other
-----------	---------	----------	-----	-------

--	--	--	--	--

--	--	--	--

[illegible]

Method of securing seats to floor and/or sides of vehicle:

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

REGISTRATION PARTICULARS

Comments by the association operating on the route or routes (in the case of a minibus taxi type service)

[Tick if applicable]

Or: No association exists in respect of the route/routes

☐

Or: The applicant is a registered non-member

☐

Registration certificate No./attach certificate that non-member qualifies for registration (only in case of a minibus type, bus coach type and metered taxi service)

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

(Applies only after the date determined and published under section 69 of the Act)

Stamp of the
Association and
authorized
signature

DECLARATION BY APPLICANT

I, _____
(full names of signatory)

the undersigned applicant / duly authorised representative of applicant *, declare that all of the particulars furnished by me / applicant ** in this form are true and correct.

Signature

Date

Place

**AFFIDAVIT REGARDING PREVIOUS CONVICTIONS FOR OFFENCES
(Section 38(7) of the Act)**

[To be completed by all applicants]

I, _____
(full names of applicant / representative of applicant)

the undersigned hereby make oath / affirmation * and say that I have / have not been * / applicant
has / has not been * convicted of any of the following offences:

[Tick the relevant box if applicable]

An offence under the Act, e.g. operating public passenger road transport without the
necessary operating licence or permit

An offence under the National Road Traffic Act, 1996 (Act No. 93 of 1996) or the Gauteng
Provincial Road Traffic Act, 1997 (Act No. 10 of 1997) for which a fine of more than R200.00
or imprisonment for more than six months was imposed

An offence listed in schedule 1 of the Criminal Procedure Act, 1977 (Act No.51 of 1977), e.g.
murder, rape

Possession of unlicensed firearm or dangerous weapon as defined in the Dangerous Weapons
Act, 1968 (Act No. 71 of 1968), or illegal possession of explosives

Conspiracy, incitement or attempt to commit an offence mentioned above

**If any box was ticked above state the date of conviction, case number and the court
involved:**

[tick where applicable]

I have a spouse, partner or immediate family member, dependent, business partner or employer who is an authorised official or an official of the public service, Provincial Administration or a municipal administration.

Yes	No
-----	----

If yes, provide particulars:

Signature

SIGNED and sworn to / affirmed before me at _____ on this _____ day
of _____ 20_____ by the deponent who acknowledged that he /she knows and
understand the contents of this affidavit.

COMMISSIONER OF OATHS

**FORM 4**

**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

**FORM 4: APPLICATION FOR AMENDMENT OF OPERATING LICENCE TO REPLACE A SPECIFIC
VEHICLE
Section 39(9) of the Act**

**PARTICULARS OF APPLICANT
(For natural persons)**

Surname:

Full Names:

Type of Identification:

RSA Identity Document

☐

Temporary Identity Certificate

☐

Passport

☐

Identity / Passport No.

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

Trade Name (if any)

Postal Address

								Postal Code				

Street Address/
Principal Place of
Business (if different
from postal)

					Postal Code				

Tel No.: home/business

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

Mobile Number

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

Fax Number

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

e-mail address

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

Income Tax Reg No
(Attach proof of
registration)

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

or

State reason why applicant
is not registered as a tax
payer

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

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

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

Address:

					Postal Code														

Tel No.: home/business

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

Mobile Number

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

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

PARTICULARS OF APPLICANT
(For juristic persons)

Name of entity:

Type of Identification:

Registration Certificate

☐

Founding Statement

☐

Constitution / Other

☐

Registration Number:

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

Trade Name (if any):

Postal Address

								Postal Code				

Registered Address/
Principal place of business
(if different from postal)

								Postal Code				

Tel No.: home/business

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

Mobile Number

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

Fax Number

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

e-mail address

Income Tax Reg No
(Attach proof of
registration)

[illegible]

or

State reason why applicant is not registered as a tax payer

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

	Postal Code		

Postal Code

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

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

Surname:

Full Names:

Type of Identification:

RSA Identity Document

11

Passport

7

Other (specify)

7

Identity / Passport No.

[illegible]

[illegible][illegible]

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

**LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY
NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP**

[illegible]

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

**** People claiming disability must attach proof of disability from the relevant government institution**

*** "Youth "means persons between the ages of 14 and 35

PARTICULARS OF OPERATING LICENCE

Operating Licence
Number (Attach original
Operating Licence)

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

Date of issue

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

Note: (A permit must first be converted to an operating licence before it may be amended)

FOR OFFICE USE ONLY

Date received

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

Application Number

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

Date dispatched to printer (in case of conversion
of a radius or area based permit to a route based
operating licence)

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

TYPE OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE

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

Type of service:

Bus-Type service

--

Mini Taxi-type service

--

Education service

--

Metered Taxi service

--

Tuk-Tuk service

--

Accessible Transport service

--

Coach Type

--

Charter service

--

Tourist Service

--

Staff service

--

Courtesy service

--

Shuttle service

--

Yes No

If NO, give reasons:

1. The applicant must be registered as the owner or operator of the vehicle in terms of the National Road Traffic Act, 1996 (Act No. 93 of 1996 (unless the applicant is a sub-contractor under a subsidised service contract or un-subsidised service contract).
2. The new vehicle must have the same passenger capacity, or less, and be of the same nature as the vehicle, which is replaced.
3. The quality and standard of the services authorized under the operating licence must not be affected by the replacement.
4. The replacing vehicle must be otherwise suited for the operation of the service authorized by the operating licence.
5. The replacing vehicle must be certified as roadworthy in compliance with road traffic laws.

[illegible][illegible]

--	--	--	--

--	--	--

[illegible]

Type of vehicle

Motor Car	Minibus	Midi bus	Bus	Other
-----------	---------	----------	-----	-------

Roadworthy certificate number

--	--	--	--	--

Expiry date

--	--	--	--

Magistrates district from
which vehicle operates

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

In the case of an adapted light delivery vehicle, measures to ensure safety of passengers:

Method of securing seats to floor and/or sides of vehicle:

Method used to build up and reinforce area in which passengers are carried or to be carried:

Other methods to ensure passenger safety (if any):

Name of manufacturer who manufactured the vehicle:

Registration number of manufacturer:

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

REGISTRATION PARTICULARS

Registration certificate no / certificate that non-member qualifies for registration [only where registration is compulsory for the particular type of service]

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

[Applies only after the date determined and published under section 69 of the Act]

DECLARATION BY APPLICANT

I, _____
(full names of signatory)

the undersigned applicant / duly authorised representative *, proxy declare that all of the particulars furnished by me in this form are true and correct.

Signature

Date

Place

FORM 5



**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

**FORM 5: FORM OF NOTICE REQUIRING A PERSON TO APPEAR BEFORE THE GAUTENG
TRANSPORT OPERATING LICENCE BOARD
Section 31(1)(d)(ii) of the Act**

NOTICE

Name:

Postal Address

 Postal Code

You are hereby requested and directed to appear personally before the Gauteng Operating Licence Board at:

Place:

Day:

Date:

To testify and declare what you know with regard to:

And to bring the following for submission to the Board:

Signed at on this day of 20

SIGNATURE OF AUTHORISED OFFICIAL OF THE BOARD

FOR OFFICE USE ONLY

I certify that I have served this notice on the above named person by:

[Tick the appropriate box]

- 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 of residence ☐

SIGNED at _____ on this _____ day of _____ 20 _____

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

SIGNATURE OF AUTHORISED OFFICER



FORM 6

**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

**FORM 6: FORM OF NOTICE REQUIRING A PERSON TO APPEAR BEFORE THE GAUTENG PUBLIC PASSENGER APPEAL BOARD
Section 57(1)(b) of the Act**

NOTICE

Name:

Postal Address

	Postal Code

You are hereby requested and directed to appear personally before the Gauteng Public Passenger Appeal Board at:

Place: _____

Day: _____

Date: _____

To testify and declare what you know with regard to:

And to bring the following for submission to the Appeal Board:

Signed at _____ on this _____ day of _____ 20 _____

SIGNATURE OF AUTHORISED OFFICIAL OF THE OFFICE
OF THE APPEAL BOARD

FOR OFFICE USE ONLY

I certify that I have served this notice on the above named person by:

[Tick the appropriate box]

- 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 of residence

☐

SIGNED at _____ on this _____ day of _____ 20 _____

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

SIGNATURE OF AUTHORISED OFFICER



FORM 7

**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

**FORM 7: FORM OF AD HOC AUTHORISATION
Section 52(5) of the Act**

AD HOC AUTHORISATION NUMBER _____

AD HOC AUTHORISATION

Issued in terms of and subject to the provisions of the Gauteng Public Passenger Road Transport Act, 2001 (Act No 7 of 2001) ("The Act"), subject to the particulars and conditions below.

I the undersigned, being the holder of operating licence / permit no. _____

Hereby confirm that I am undertaking / have undertaken the trip outlined below in respect of a special event, as defined in section 52(1) of the Act. Full description of special event (e.g. sports, funeral):

**PARTICULARS OF HOLDER OF OPERATING LICENCE
(For natural persons)**

Surname:

Full Names:

Type of Identification:

RSA Identity Document

Temporary

☐

Identity Certificate

☐

Passport

☐

Identity / Passport No.

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

Trade Name (if any)

--

Postal Address

Postal Code

--

Street Address/
Principal Place of
Business (if different
from postal)

Postal Code

--

Tel No: Home/ Business

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

Mobile Number

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

Fax Number

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

e-mail address

--

Income Tax Reg. No.
(Attach proof of
Registration)

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

or

State reason why
applicant is not registered
as a tax payer

--

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

					Postal Code				

Tel No.: home/business

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

Mobile Number

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

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

Registration Number (Only where registration is compulsory for the particular type of service)

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

Registered Association of
which the holder is a
member (if applicable)

PARTICULARS OF HOLDER OF OPERATING LICENCE
(For juristic persons)

Name of entity:

Type of Identification:

Registration Certificate

☐

Founding Statement

☐

Constitution / Other

☐

Registration Number:

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

Trade Name:

	Postal Code	

	Postal Code	

[illegible][illegible][illegible]

[illegible]

or

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

	Postal Code		

[illegible][illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

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

Surname:

Full Names:

Type of Identification:

RSA Identity Document ☐ Passport ☐ Other (specify) ☐

Identity / Passport No.

Tel No: Home/ Business

Mobile Number

Date of resolution
Attach original resolution

Registration Number (Only where registration is compulsory for the particular type of service)

Registered Association of
which the holder is a
member (if applicable)

**LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY
NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP**

[illegible]

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

**** People claiming disability must attach proof of disability from the relevant government institution**

*** "Youth "means persons between the ages of 14 and 35

VEHICLE PARTICULARS

Vehicle Registration number

[illegible][illegible]

Vehicle Identification number (VIN)	<input type="text"/>
Vehicle Make	<input type="text"/>
Year of Manufacture	<input type="text"/>
Seating Capacity	<input type="text"/>
Standing Capacity	<input type="text"/>

PARTICULARS OF ANYONE OPERATING LICENCE / PERMIT HELD BY THE OPERATOR

The following licence/ permit is held by the operator	<input type="text"/>					
Number of operating licence/ permit	<input type="text"/>					
Issued by (Name of Board)	<input type="text"/>					
Date of Issue	<input type="text"/>					
Expiry date	<input type="text"/>					
Type of service for which issued	<table border="1"> <tr> <td>Metered Taxi-type</td> <td>Minibus Taxi-type</td> <td>Coach Type</td> <td>Bus Type</td> <td>Other</td> </tr> </table>	Metered Taxi-type	Minibus Taxi-type	Coach Type	Bus Type	Other
Metered Taxi-type	Minibus Taxi-type	Coach Type	Bus Type	Other		

PARTICULARS OF ROUTES

The following route is being / will be followed for the abovementioned special event:

Detailed route description:

UNDERTAKING

I, _____
(full names of signatory)

solemnly affirm this authorization has been completed in respect of the special event described above, and that no other public passenger road transport services will be undertaken under the guise of the special event, or any other special event, and I am aware in terms of section 52(9) of the Act that-

- a) No passengers may be picked up or dropped off en route,
- b) I must return from the *ad hoc* trip with the same passengers, and
- c) I may not undertake minibus taxi-type services or any other services locally while waiting for passengers.

I undertake to submit a completed copy of this authorization to the Operating Licence Board and, if applicable, to the association of which I am a member, within 72 hours of completion of the trip, as required by section 52(6) of the Act.

Signature

Date

Place

**FORM 8**

PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)

FORM 8: APPLICATION FOR REGISTRATION OF ASSOCIATION
Section 65(1) of the Act

Abbreviated association name

PARTICULARS OF ASSOCIATION

Nature of Association:

S21 Company	Voluntary	Other (specify)
-------------	-----------	-----------------

Business Registration Date
Established Number

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

Name of Association:

--

Postal Address

	Postal Code

Street Address/
(if different from postal)

	Postal Code	

Tel No: Home/ Business

[illegible]

Mobile Number

[illegible]

[illegible]

--

--

--	--	--	--	--

--	--	--	--	--

PARTICULARS OF OFFICE BEARERS

[illegible]

11

7

7

[illegible]

--

Type of Identification:

RSA Identity Document ☐ Passport ☐ Other (specify) ☐

Identity No. / Passport No.

Surname and Initials

Position (e.g. chairperson, executive committee, secretary)

Type of Identification:
RSA Identity Document ☐ Passport ☐ Other (specify) ☐

Identity / Passport No.

Surname and Initials

Position (e.g. chairperson, executive committee, secretary)

Type of Identification:
RSA Identity Document ☐ Passport ☐ Other (specify) ☐

Identity / Passport No.

Surname and Initials

Position (e.g. chairperson, executive committee, secretary)

Type of Identification:

RSA Identity Document

☐

Passport

☐

Other (specify)

☐

Identity / Passport No.

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

Surname and Initials

PARTICULARS OF ADMINISTRATION OFFICER

Type of Identification:

RSA Identity Document

☐

Passport

☐

Other (specify)

☐

Identity / Passport No.

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

Surname and Initials

PARTICULARS OF ROUTES OPERATED BY THE ASSOCIATION

Abbreviated association name

Type of operation

Long distance	Urban	Rural	Other (specify)
------------------	-------	-------	--------------------

Description of Route

Departure from original rank address

Destination

Destination Rank and
Address

List detailed route:

Attach additional page(s) with particulars of additional routes in same format as above (if any)

DECLARATION

I, _____
(full names of signatory)

the chairperson/administration officer, declare that every member of this association hold an appropriate operating licence or permit or each vehicle by means of which the member operates a public passenger road transport service to which the operating licence permits relates in compliance with the terms of, and the conditions attached hereto, the authorisation conferred by the operating licence or permit, and has subscribed to the Constitution attached hereto. I declare further that all the particulars furnished by me in this form are true and correct.

I, _____
(full names of signatory)

the chairperson/administration officer, hereby submit the attached Constitution in fulfillment of the requirements of section 72 of the Act for registration.

Signature

Date

Place

ANNEXURE 1 TO APPLICATION FORM FOR REGISTRATION OF AN ASSOCIATION

CERTIFICATE

Place

ANNEXURE 2 TO APPLICATION FORM FOR REGISTRATION OF AN ASSOCIATIONAbbreviated association
name

PARTICULARS OF MEMBER
(For natural persons)

Owner/ Driver	Owner Single vehicle	Owner Multiple vehicle	Other (specify)
------------------	----------------------------	------------------------------	--------------------

□

7

7

[illegible]

	Postal Code	

[illegible][illegible][illegible][illegible]

e-mail address

Income Tax Reg No
(Attach proof of
registration)

or

State reason why applicant
is not registered as a tax
payer

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

 Postal Code

Tel No.: home/business

Mobile Number

Special Power of Attorney attached? [Tick whichever is applicable]

☐ Yes / ☐ No

**PARTICULARS OF MEMBER
(For juristic persons)**

Type of Member:

Owner/ Driver	Owner Single vehicle	Owner multiple vehicle	Other (specify)
------------------	----------------------------	------------------------------	--------------------

Name of entity:

Type of Identification:

Registration Certificate

☐

Founding Statement

☐

Constitution/Other

☐

Registration Number:

[illegible]

Trade Name (if any):

Postal Address

[illegible]

Registered
Address/Principal place of
business (if different from
postal)

	Postal Code	

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Fax Number

[illegible]

e-mail address

Income Tax Reg No
(Attach proof of
registration)
or

[illegible]

State reason why applicant is not registered as a tax payer

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

	Postal Code	

Tel No.: home/business

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

Mobile Number

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

Special Power of Attorney attached? [Tick whichever is applicable]

Yes / No

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

Surname:

--

Full Names:

--

Type of Identification:

RSA Identity Document

--

Temporary Identity
Certificate

--

Passport

--

Identity/Passport No:

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

Tel No.: home/business

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

Mobile Number

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

Date of Resolution

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

**LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY
NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP**

Name	Date/Position occupied in Enterprise	ID Number	Date RSA Citizenship obtained	*HDI Status				% of Business/Enterprise Owned
				People with Disabilities	Women	Youth	Others	

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

** People claiming disability must attach proof of disability from the relevant government institution

*** "Youth "means persons between the ages of 14 and 35

FOR OFFICE USE ONLY

Date of data entry

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

File Number

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

Members Registration number, issued by Registrar

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

PARTICULARS OF VEHICLES WITH VALID OPERATING LICENCE

To be filled in by the member

Vehicle Registration number

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

Type of vehicle

Motor Car	Minibus	Midi bus	Bus	Other
-----------	---------	----------	-----	-------

Chassis Number

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

Operating Licence number

--	--	--	--	--

Issue No.

--	--	--	--

Authorised departure point

--

Authorised arrival point

--

Route number / code

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

To be filled in by Representative Operating License Board

I, the representative of the Board, declare that the operating license/permit provided are / are not true and correct. This operating license/permit has/has not been issued in terms of the requirements of the Act and other relevant legislation.

Signature

OFFICIAL STAMP

(If the member operates more than one vehicle, attach particulars on separate sheet)

DECLARATION BY MEMBER

I, _____
(full names of signatory)

declare that all particulars furnished by me in this application form are true and correct. I declare that I subscribe to and agree to be bound by the prescribed Code of Conduct and the Constitution of this association attached hereto.

Signature

Date

Place

**FORM 9**

**PROVINCE OF GAUTENG
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS
GAUTENG PUBLIC PASSENGER ROAD TRANSPORT ACT, 2001 (ACT NO. 7 OF 2001) (the ACT)**

**FORM 9: APPLICATION FOR REGISTRATION OF NON MEMBER
Section 75(2) of the Act**

**PARTICULARS OF OPERATOR
(For Natural Persons)**

Type of Member:

Owner/ Driver	Owner Single vehicle	Owner multiple vehicle	Other (specify)
------------------	----------------------------	------------------------------	--------------------

Surname:

Full Names:

Type of Identification:

RSA Identity document

☐
Temporary Identity
Certificate
☐

Passport

☐

Identity / Passport No:

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

Trade Name (if any):

Postal Address

	Postal Code	

Street Address/Principal
place of business (if
different from postal)

	Postal Code	

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Fax Number

[illegible]

e-mail address

Income Tax Reg No
(Attach proof of
registration)

[illegible]

or

State reason why applicant is not registered as a tax payer

Representative (if any). If someone is representing you, supply his/her particulars and Special Power of Attorney.

Name:

Address:

	Postal Code		

Postal Code

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Power of Attorney attached? {Tick whichever is applicable}

Yes / No

PARTICULARS OF OPERATOR
(For juristic persons)

Owner/ Driver	Owner Single vehicle	Owner multiple vehicle	Other (specify)
------------------	----------------------------	------------------------------	--------------------

Founding Statement ☐ Constitution/Other ☐

[illegible]

--

	Postal Code	

	Postal Code	

[illegible][illegible][illegible]

[illegible]

registration)

or

State reason why applicant is not registered as a tax payer

Representative (if any). If someone is representing you, supply his/her particulars and Power of Attorney.

Name:

Address:

	Postal Code		

Tel No.: home/business

[illegible]

Mobile Number

[illegible]

Special Power of Attorney attached? [Tick whichever is applicable]

Yes	No
-----	----

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

Surname:

Full Names:

Type of Identification:

RSA Identity Document

7

Passport

--	--

Other

5

Identity/Passport No:

[illegible]

Tel No.: home/business

[illegible]

Mobile Number

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

Date of Resolution

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

DECLARATION BY NON MEMBER

I, _____ declare that all particulars furnished by me in this form are true and correct. I subscribe to and agree to be bound by the prescribed Code of Conduct, a copy of which is in my possession.

Note: the Code of Conduct is obtainable from the Registrar.

Signature

Date

Place

FOR OFFICE USE ONLY

Operator Provision
Registration no.
issued by Registrar

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

Date of Data Entry

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

Operator
Registration no.
issued by Registrar

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

Date of Data Entry

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

File Number

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

LIST OF ALL SHAREHOLDERS/MEMBERS/PARTNERS BY NAME, POSITION, IDENTITY NUMBER, CITIZENSHIP, HDI STATUS AND OWNERSHIP

[illegible]

NOTES: * South African individuals who were not eligible to vote in national franchise before 1994

**** People claiming disability must attach proof of disability from the relevant government institution**

*** "Youth "means persons between the ages of 14 and 35

PARTICULARS OF VEHICLE/ROUTE/OPERATING LICENCE/PERMIT

To be filled in by non member

Type of vehicle

Meter taxi-type	Minibus taxi-type	Bus-type	Coach-Type
-----------------	-------------------	----------	------------

Vehicle Registration number

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

Type of vehicle

Chassis Number

Motor Car	Minibus	Midi bus	Bus	Other
-----------	---------	----------	-----	-------

Operating Licence number

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

Vehicle identification number (VIN)

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

Authorised departure point

--

Authorised arrival point

--

Expiry date of roadworthy certificate

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

Route number / code

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

Detailed route description:

(Detail of other vehicles / operating licences / permits / to be provided on a separate sheet)

*To be filled in by representative of
Operating Licensing Board.*

I, the representative of the Board,
declare that the operating licence /
permit details provided are/are not
correct. This operating licence/permit
has/has not* been issued in terms of
the requirements of the Act and other
relevant legislation.

Signature

OFFICIAL STAMP

Short Title and Commencement

4. These Regulations are called the Gauteng Public Passenger Road Transport Amendment Regulations, 2010.
