THE PROVINCE OF
GAUTENG
GAUTENG
GAUTENG

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Vol. 17

PRETORIA, 11 FEBRUARY 2011

No. 21

IMPORTANT NOTICE

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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.

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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) <u>HDI</u>;
 - (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))



FORM 1

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 1: APPLICATION FOR CONVERSION OF A PERMIT TO AN OPERATING LICENCE Section 35 of the Act

	PART (CULARS OF APPLICANT (Fornatural 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					<u> </u>]		
Fax Number]		
e-mail address													
Income Tax Reg. No. (Attach proof of Registration) or State reason why applicant is not registered													
Representative (if any). If of Attorney.	someo	ne is ı	epres	senting	g you,	suppl	y his/	her pa	articula	ars an	d Spe	cial Po	ower
Name:													
Address:							Pos	stal Co	ode				
Tel No.: home/business										_			
Mobile Number										_			
Special Power of Attorney a	ttached	d? [⊤io	ck wh	icheve	er is ap	plicat	ole]						
				LARE Jurist	0 A								
Name of entity:													

Type of Identification: Registration Certificate	Foun	ding S	tateme	ent		(Const	itutio	n / Ot	her	
Registration Number:								_			
Trade Name:											
Postal Address					Pos	stal Co	de _				
Registered Address/ Principal place of business (if different from postal)					Pos	stal Co	de _				
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:	
Address:	
	Postal Code
Tel No.: home/business	
Mobile Number	
Special Power of Attorney a	ttached? [Tick whichever is applicable]
Yes / No	-
In case of a company, close represent it must be given:	corporation or other juristic person, particulars of the person responsible to
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

					% of Business/ Enterpris e Owned			
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	People with Disabilities	Women	Youth	Others	
		_						_
		-						_

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

PA	RTICULA	RS PE	RMIT (S) TO	BE 05)NVERT	ED		
Permit Number									
Board which issued the permit						-			

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

^{*** &}quot;Youth "means persons between the ages of 14 and 35 $\,$

Date received Date dispatched for iss	Y Y Y M M D D Application Number suing
Y Y Y Y N	M M D D
Tick type of service it	TYPE OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE t may be necessary to tick more than one]
Tick type of service it	
[Tick type of service it Type of service: Bus-Type service	t may be necessary to tick more than one]
	t may be necessary to tick more than one] Mini Taxi-type service
Tick type of service it Type of service: Bus-Type service Education service Tuk-Tuk service	may be necessary to tick more than one] Mini Taxi-type service Metered Taxi service
[Tick type of service it Type of service: Bus-Type service Education service Tuk-Tuk service Coach Type	Mini Taxi-type service Metered Taxi service Accessible Transport service
[Tick type of service it Type of service: Bus-Type service Education service	Mini Taxi-type service Metered Taxi service Accessible Transport service Charter service

AUTHO	RISED RANKS AND TERMINALS
State the authorized ranks or terminals	s used:
Rank or terminal No. / code (if applic	able)
10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (PARTICULARS OF VEHICLE
route(s) or area(s) are sought	ust be lodged in respect of each motor vehicle where different in respect of the different vehicles. red as the owner or operator of the vehicle in terms of the 6.
Vehicle Registration number	
Vehicle Identification number	
Vehicle Make	
Year of Manufacture	Passenger Capacity

PROVINCIAL GAZETTE EXTRAORDINARY, 11 FEBRUARY 2011

12 No. 21

Chassis Number					
Type of vehicle	Motor Car	Minibus	Midi bus	Bus	Other
Roadworthy certificate number			Expiry dat	e	
Planning Authority from which vehicle operates					
(If the application relates to more the on separate sheets)	an one vehicle, p	particulars of	the other vehi	icles must t	e supplied
In the case of an adapted light delive	ry vehicle, meas	sures to ensu	ure safety of pa	assengers:	
Method of securing seats to floor and	/or sides of veh	nicle:			
Method used to build up and reinforce	e area which pas	ssengers are	carried or to b	e carried:	
Other Methods to ensure passenger s	afety (if any):				
Name of manufacturer who manufact	ured the vehicle	:			
Name of manufacturer who manufact	ured the vehicle	:			
Name of manufacturer who manufact	ured the vehicle	:			

Signature

REGISTRATION PARTICULARS.
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)
Or: No association in respect of the route/routes Yes No
Or:The applicant is a registered non-member Yes No
*[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)
(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 / representative of applicant *, declare that all of the particulars furnished by me / applicant ** in this form are true and correct.

Date

Place

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

[To be completed by all applicants]	
I,	
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:	it
[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 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)

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

The original subsidized service contract or unsubsidized service contract must be lodged with the application or a copy certified by the contracting authority

	TYPE OF APPLICATION	
This ap	pplication is for:	
Tick tl	he applicable box]	
	ing of new operating licence in respect of a subsidised service contract or unsubsidised se contract.	
	dment of an operating licence issued pursuant to a subsidised service contract or sidized service contract for:	
1.	Amendment of a route or area, as approved by the contracting authority	
2.	Amendment of timetables or tariffs, as approved by the contracting authority	
3.	Additional authority as approved by the contracting authority	
4.	Change of particulars	
5.	Application for interim operating licence (section 38 (9) of the Act)	
6.	Extension of contracting period as determined by the contracting authority	
7.	Transfer of an operating licence issued pursuant to a subsidised service contract or unsubsidised service contract as approved by the contracting authority	
8.	Application for a duplicate operating licence in respect of a contracted service	

	PARTICULARS OF APPLICANT (For makinal 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 s of Attorney.	omeone is	representir	ig you, s	supply	his/h	er par	ticula	rs and	Speci	ial Pov	ver
Name:											
Address:											
				_	Pos	stal Co	ode _			-	
Tel No.: home/business											
Mobile Number											
Special Power of Attorney at	tached? [Ti	ck whichev	er is ap	plicabl	e]						
Yes / No											
	PA	RTICULAR (For juris	S OF A	PPLIC sons)	ANT						
Name of entity:											
Type of Identification:											
Registration Certificate		Founding 9	Stateme	ent			Const	itutior	n / Oth	er	

Registration Number:													
Trade Name (if any):													
Postal Address							Pos	stal Co	ode [
Registered Address/ Principal place of business (if different from postal)							Pos	stal Co	ode L				
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 s of Attorney.	omeon	ie is re	prese	enting	you,	supply	his/h	er par	ticula	rs and	Speci	ial Pov	ver
Name:													
Address:							Date		-				
							POS	stal Co	oe _				

Tel No.: home/business								
Mobile Number								
Special Power of Attorney at	tached? [Tio	ck whichev	er is app	olicable]				
Yes / No								
In case of a company, close represent it must be given:	corporation	or other ju	uristic pe	rson, part	ticulars of the	e person re	sponsible to	O
Surname:								
Full Names:								
Type of Identification:					*** *			
RSA Identity Document		Pass	oort		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

					*HDI Sta	atus		% of Business/ Enterpris e Owned
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	People with Disabilities	Women	Youth	Others	
	_							
		,						

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

	LARS PERMIT OF ase of application		
Operating Licence Number			
Board which issued the Operating Licence		 	

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

 $^{^{\}star\star\star}$ "Youth "means persons between the ages of 14 and 35

Date of issue	
Note: (A permit must first be co transferred)	inverted to an operating licence before it may be renewed, amended or
Date received Y Y	Y Y M M D D Application Number
Date dispatched to printer (in ca a radius or area based permit to operating licence)	ase of conversion of a route based
YYYYMM	D D
TYPE OF R	UBLIC PASSENGER ROAD TRANSPORT SERVICE
[Tick type of service it may be r	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
	Staff service
Tourist Service	
Courtesy service	Shuttle service
Number of passengers that a	are carried:
Seated	Standing Capacity

In case of an application fo	or amendment) nt required and the reasons
· · ·	
(The amended ag	reement or letter from the contracting authority must be submitted)
<u> </u>	PARTICULARS OF TRANSFEROR
	(In case of an application for transfer)
Surname:	
Full Names:	
uii 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)	

		DECLARA	TION	вуті	RANS	FERO	R					
I,the undersigned transfer		uthorised		entati	ive of	transf						
and agree with the conte	ents of this	form and	that I Da		ent to	the tr	ansfer	of the		ating I Place	icense	
		REGISTR	ATIO	N PAI	ericu	ILARS				The state of the s		
*[Delete whichever is no Registration certificate N case of a minibus taxi ty	o./attach c	ertificate							tration	ı (only	in the	:
		PARTIC	ULAR	s of	VEHX	CLE .			4			
 A separate application route(s) or area(s). The applicant must National Road Training 	s) are sougl st be regist	ht in respe ered as th	ect of t	the dif	ferent	vehic	les.					t
Vehicle Registration num	ber											
Vehicle Identification nur	mber											
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 determin	ed and published under secti	on 69 of the Act)	
	ECLARATION BY APPLICA	NT LESS STATES	
the undersigned applicant / duly authoraticulars furnished by me / applicant	(full names of signatory) orised representative of applet ** in this form are true and	licant *, declare that all o d correct.	f the
Signature	Date	Place	<u> </u>

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

[To be completed by all applicants]	
(full names of applicant / representative of applicant)	
the undersigned hereby make oath / affirmation \ast and say that I have / have not been \ast / applications / has / has not been \ast convicted of any of the following offences:	ant
[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 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 by the deponent who ac	knowledged 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.
- Applicants are advised to withhold purchasing of vehicles until the outcome of the application is known.

(4) (4/46) # (5/14 (4/4 (4))

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.

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 so of Attorney.	omeone is	represe	nting yo	ou, suppl	y his/h	er par	ticular	s and	Speci	al Pov	ver ´
Name:											
Address:											
					Pos	stal Co	ode				
Tel No.: home/business											
Mobile Number											
Special Power of Attorney att	tached? [T	ck whic	hever is	applicab	ole]						
Yes / No											
	PA			F APPLI persons			II XX	A. 18 1	***************************************		
Name of entity:		_				_					
Type of Identification:											
Registration Certificate		Foundi	ng State	ement		(Consti	tution	/ Oth	er [

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 so of Attorney.	omeone is	represent	ting you,	supply	his/her p	articulars 	and Spe	cial Po	wer
Name:									
Address:					Postal	Code	-		

Tel No.: home/business												
Mobile Number												
Special Power of Attorney at	tached?	[Tick w	hicheve	r is ap	plicab	le]						
Yes / No												
In case of a company, close represent it must be given:	corpora	tion or o	other jur	ristic p	erson,	parti	culars	of the	e perso	on resp	onsible	to
Surname:												
Full Names:				_								
Type of Identification:												
RSA Identity Document			Passpo	ort			O	ther (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

					*HDI Sta	atus		% of Business/ Enterpris e Owned
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	People with Disabilities	Women	Youth	Others	_
				_				
	_							
						_		
								-
	_							
	_							
			_					
								_
						_		

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

	ARTICULARS OF a case of applic			
Operating Licence Number				
Board which issued the Operating Licence		<u> </u>	 <u> </u>	

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

^{*** &}quot;Youth "means persons between the ages of 14 and 35

Date of issue				
Note: (A permit must first b transferred)	e converted to an o	operating licence	before it may	be renewed, amended or
PARTICULARS OF OTH		OPERATING LI	CENCES HELL	BY THE APPLICANT
Permit /Operating licence number				
Board which issued the operating licence				
Date of issue				
Vehicle or vehicles to which	permit or operating	g licence relates	(registration n	umber(s)):
The applicant holds ather				(a) the heard (a) that
If the applicant holds other issued them, their dates of				
(Note: permits must first be transferred)	converted to opera	ating licences be	fore they may	be renewed, amended or
	30; 617			
Fees Paid		Receipt	Number	
Date received Y Y	YYMMD	D Applicati	on 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]	
Гуре of service:		
Bus-Type service	Mini Taxi-type service	
Education service	Metered Taxi service	
uk-Tuk service	Accessible Transport service	
Coach Type	Charter service	
ourist Service	Staff service	
Courtesy service	Shuttle service	
Number of passenge	ers that are carried:	
Seated	Standing Capacity	
Seated	Standing Capacity	
	ance service, state why passenger cannot use existing posed service is necessary (supporting documents managed	
	distance minibus service, recommendations from the	taxi associations with an
interest in the matter (In the case of a staff	f service where there is a contract between the opera-	tor and the employer, the
contract or a copy the	ereof certified by the employer must be submitted)	
In the case of renewa	al, amendment or transfer, have the services been producted on which this application is made?	ovided on regular basis for
100 days before the t		
*[Tick where applicate	ole]	
·	ble]	

	service where there is a contract between the operator and the employer, the reof certified by the employer must be submitted)
The second secon	
	PARTICULARS OF ROUTES
escribe the first rout	e in detail (as operated before this application) or to be operated
Departure Point:	
estination:	
oute description (Stap or dropped off, and	ate street names or road numbers and each point where passengers are picked d, where applicable, beacons or land marks for each city, town, village or
coute description (Stap or dropped off, and	ate street names or road numbers and each point where passengers are picked d, where applicable, beacons or land marks for each city, town, village or ite descriptions will not be accepted)
Route description (Sta op or dropped off, and	d, where applicable, beacons or land marks for each city, town, village or
Route description (Sta up or dropped off, and ettlement: vague rou	d, where applicable, beacons or land marks for each city, town, village or
Route description (Sta up or dropped off, and settlement: vague rou	d, where applicable, beacons or land marks for each city, town, village or
Route description (Sta up or dropped off, and settlement: vague rou	d, where applicable, beacons or land marks for each city, town, village or ite descriptions will not be accepted)

PROVINCIAL GAZETTE EXTRAORDINARY, 11 FEBRUARY 2011	

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

38 No. 21

Rank or terminal No. / code

State the type of amendm	ent 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 Foundin Stateme	
Passport	Constitution/ Other Certifica Incorpo	
Identity / passport/ Registration Number		
Trade Name (if any)		
State reasons for the transfe	:r: 	

	DECLARATION BY TRANSFE	ROR
I, the undersigned transferor / duly a and agree with the contents of this	form and that I / transferor **	* consent to the transfer of the
operating licence, details of which a	are contained in this application Date	Place
	PARTICULARS OF VEHICLE	
route(s) or area(s) are sout 2. The applicant must be regis National Road Traffic Act, 1	ght in respect of the different v stered as the owner or operator	or of the vehicle in terms of the ess the applicant is a sub-contractor
Vehicle Registration number		
Vehicle Identification number		
Vehicle Make		
ear of Manufacture		Passenger Capacity
Chassis Number		
Type of vehicle	Motor Car Minibus	Midi bus Bus Other

Roadworthy certificate number		Expiry date	
Planning Authority from which vehicle	operates		
(If the application relates to more tha on separate sheets)	n one vehicle, particulars of th	ne other vehicle mu	st be supplied
In the case of an adapted light deliver	y vehicle, measures to ensure	safety of passeng	ers:
Method of securing seats to floor and/	or sides of vehicle:		
Other methods to ensure passenger sa	afety (if any):		
Name of manufacturer who manufactu	ured the vehicle or adapted:		
Registration number of manufacturer:			
RE	GISTRATION PARTICULAR		

Comments by the association operating on the route or routes (in the case of a minibus taxi type service) $\frac{1}{2}$

k if applicable]		
: No association exists in resp	ect of the route/routes	
The association exists in resp	eet of the route, routes	
The applicant is a registered	non-member	
The applicant is a registered		
stration certificate No./attach	n certificate that non-member qualificate that non-member qualificate	es for registration (only in case of
17, 17, 120 1000 17, 100		
plies only after the date deter	mined and published under section 6	59 of the Act)
,	·	
		Stamp of the Association and
		authorized signature
		<u> </u>
A STATE OF THE STA	DECLARATION BY APPLICANT	
	(full names of signatory)	
undersigned applicant / duly i iculars furnished by me / app	authorised representative of applicar licant ** in this form are true and co	nt *, declare that all of the prect.
,		
		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, depende is an authorised official or an official of the public service, Provin administration.	ent, business partner or em ncial Administration or a m	ployer who unicipal
Yes No		
If yes, provide particulars:		
•		•
Signature		
SIGNED and sworn to / affirmed before me at	on this	day
of 20 by the deponent who acknowle	ledged that he /she knows	and
understand the contents of this affidavit.		
COMMISSIONER OF OATHS		



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)					_	Po	stal C	ode				
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 so of Attorney.	omeone is	repres	enting	you,	supply	his/h	er par	rticula	rs and	Spec	ial Po	wer
Name:												
Address:												
						Pos	stal Co	ode				
Tel No.: home/business												
								_				
Mobile Number												
Special Power of Attorney att	:ached? [Ti	ck whi	cheve	r is ap	plicabl	e]						
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 so	omeone is	represe	enting y	rou, su	pply	his/he	er par	ticular	rs and	Speci	al Pov	ver
of Attorney.		·			• • •					·		
Name:						_						
Address:												
						Pos	tal Co	de				
Tel No.: home/business												
Mobile Number												
Special Power of Attorney att	tached? [Ti	ck whic	hever i	s appli	cable]						
Yes / No												
In case of a company, close or represent it must be given:	corporation	or oth	er jurist	tic pers	son, p	oartic	ulars	of the	perso	n resp	onsib	le to
Surname:						_						
Full Names:	_					_						
Type of Identification:												
RSA Identity Document		Р	assport	: [Ot	her (s	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

					*HDI St	atus		% of Business/ Enterpris e Owned
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	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

^{*** &}quot;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 firs	t be converted to an operating licence before it may be amended)
Date received Y	Y Y Y M M D D Application Number
	er (in case of conversion
of a radius or area based operating licence	M D D
operating licence	
operating licence Y Y Y Y M I	M D D
operating licence	M D D E OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE
operating licence Y Y Y Y M I	M D D E OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE
operating licence Y Y Y Y M I TYPE [Tick type of service it materials and the service it materials are also as a service it materials.	M D D GOF PUBLIC PASSENGER ROAD TRANSPORT SERVICE By be necessary to tick more than one]
operating licence Y Y Y Y M I TYPE [Tick type of service it materials and the company of service it materials are also below to be a service it materials and the company of service it materials are also below to be a service it materials are also below to be a service in the company of t	M D D GOF PUBLIC PASSENGER ROAD TRANSPORT SERVICE By be necessary to tick more than one] Mini Taxi-type service
operating licence Y Y Y Y M I TYPE [Tick type of service it material of the content of the co	M D D GOF PUBLIC PASSENGER ROAD TRANSPORT SERVICE By be necessary to tick more than one] Mini Taxi-type service Metered Taxi service
operating licence Y Y Y Y M I TYPE [Tick type of service it material of the content of the co	M D D E OF PUBLIC PASSENGER ROAD TRANSPORT SERVICE By be necessary to tick more than one] Mini Taxi-type service Metered Taxi service Accessible Transport service

Have the services been provided on was made made?	a regular basis for 180 days before the date of which application				
Yes No					
If YES attach proof (e.g letter from p	planning authority, association, affidavit etc)				
If NO, give reasons:					
PART	ICULARS OF REPLACING VEHICLE				
National Road Traffic Act, 199 under a subsidised service co 2. The new vehicle must have th as the vehicle, which is replace 3. The quality and standard of the affected by the replacement. 4. The replacing vehicle must be the operating licence.	ered as the owner or operator of the vehicle in terms of the 26 (Act No. 93 of 1996 (unless the applicant is a sub-contractor intract or un-subsidised service contract). The same passenger capacity, or less, and be of the same nature ced. The services authorized under the operating licence must not be a otherwise suited for the operation of the service authorized by the certified as roadworthy in compliance with road traffic laws.				
Vehicle Registration number					
Vehicle Identification number					
Vehicle Make					
Year of Manufacture	Passenger Capacity				
Chassis Number					

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 delive			ure safety of p	oassengers:	
Method of securing seats to floor and	or sides of veh	icle:			
Method used to build up and reinforce	e area in which	passengers a	re carried or	to be carried	:
Other methods to ensure passenger s	afety (if any):				
Name of manufacturer who manufact	ured the vehicle	e: 			<u>.</u>
				`	
Registration number of manufacturer					

	REGISTRATION PARTICULARS	
Registration certificate no / certificat	ificate that non-member qualifies for ne particular type of service]	registration [only where
[Applies only after the date dete	ermined and published under section	69 of the Act]
	DECLARATION BY APPLICANT	
I,the undersigned applicant / duly	(full names of signatory) y authorised representative *, proxy of	declare that all of the particulars
furnished by me in this form are	e true and correct.	· .
Signature	Date	Place



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

	NC	TICE	
Name:			
Postal Address			
		Postal Code [_	
You are hereby requested a Board at:	nd directed to appear p	personally before the Gauteng	Operating Licence
Place:		_	
Day:		_	
Date:		_	
To testify and declare what	you know with regard	to:	
And to bring the following fo			
Signed at		day of	
SIGNATURE OF AUTHORISE	D OFFICIAL OF THE BO	DARD	

SIGNATURE OF AUTHORISED OFFICER

		FOR OFFICE US	EONLY		
	that I have served this no	tice on the above nam	ed person by:		
•	Delivering a True copy to Leaving, as he/she could with apparently a respon *Place of business	not conveniently be fo sible person at his/her			
	*Usual place of residenc *Last known place of res				
SIGNED	at	on this	day of	20	
And at t	he same time informing h	im/her of the nature th	ereof.		



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 a Appeal Board at:	nd directed to appear personally before the Gauteng Public Passenger
Place:	
Day:	
Date:	
To testify and declare what	you know with regard to:
And to bring the following fo	or submission to the Appeal Board:
-	

6 No. 21	PROVINCIAL GAZE	ETTE EXTRA	ORDINAR	Y, 11 FEBRUAI	RY 2011	
			- -			
Signed at	on this		: · d	lav of		20
Signed dt		_				
SIGNATURE OF AUTH OF THE APPEAL BOAF		OF THE OFFIC	Œ			
or the Arters born						
		i Zejgujujujujuju	istori Istoria			
		" Ald South " Surgaria S A galance				
I certify that I have s	erved this notice or	n the above n	amed pers	on by:		
[Tick the appropriate	box]					
Delivering a	True copy to him/h	ner personally	,	_		
	he/she could not co ntly a responsible p			true copy		
*Place of bu	siness		1			
*Usual plac	e of residence					
*Last know	n place of residence	:		Г		
SIGNED at	(on this		_ day of	20)
And at the same time	informing him/her	of the nature	thereof.			
			·			

SIGNATURE OF AUTHORISED OFFICER



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 A	UTHORISATION NUMBER
	AD HOC AUTHORISATION
	ect to the provisions of the Gauteng Public Passenger Road Transport Act, The Act"), subject to the particulars and conditions below.
I the undersigned, being the	e holder of operating licence / permit no
	ndertaking / have undertaken the trip outlined below in respect of a special 52(1) of the Act. Full description of special event (e.g. sports, funeral):
PAR	TIGULARS OF HOLDER OF OPERATING LICENCE (For matural persons)
	THE PARTY OF THE P
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.

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) Registred 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	Address: Tel No.: home/business Mobile Number Special Power of Attorney a						ble]			be of s	service)	
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:	Tel No.: home/business Mobile Number Special Power of Attorney a						ble]			be of s	service)	
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:	Mobile Number Special Power of Attorney of Yes / No						ble]			be of s	service)	
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:	Mobile Number Special Power of Attorney of Yes / No						ble]			pe of s	service)	
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:	Mobile Number Special Power of Attorney of Yes / No							particu	lar typ	pe of :	service)	
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:	Special Power of Attorney of Yes / No							particu	lar typ	pe of :	service)	
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:	Special Power of Attorney a							particu	lar typ	oe of s	service)	
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:	Yes / No							particu	lar typ	pe of s	service)	
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:	Yes / No							articu	lar typ	oe of s	service)	
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:		where reg	istratior	n is cor	mpuls	ory fo	r the p	oarticu T	lar typ	oe of s	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 Number (Only	where reg	istration	n is cor	mpuls	ory fo	r the p	articu	lar typ	oe 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 Number (Only	where reg	istration	n is cor	mpuls	ory fo	r the p	articu	lar typ	oe of	service)	
which the holder is a member (if applicable) PARTICULARS OF HOLDER OF OPERATING LICENCE (For juristic persons) Name of entity: Type of Identification:					- 1							
which the holder is a member (if applicable) PARTICULARS OF HOLDER OF OPERATING LICENCE (For juristic persons) Name of entity: Type of Identification:			_									
which the holder is a member (if applicable) PARTICULARS OF HOLDER OF OPERATING LICENCE (For juristic persons) Name of entity: Type of Identification:												
PARTICULARS OF HOLDER OF OPERATING LICENCE (For juristic persons) Name of entity: Type of Identification:				_								
PARTICULARS OF HOLDER OF OPERATING LICENCE (For juristic persons) Name of entity: Type of Identification:												
PARTICULARS OF HOLDER OF OPERATING LICENCE (For juristic persons) Name of entity: Type of Identification:												
(For juristic persons) Name of entity: Type of Identification:	PA						ATING	i LIC	ENCE		*	
Type of Identification:	and the state of t								may a Fig. 17 a		<u>1</u>	
Type of Identification:							_					
	Name of entity:											
	Type of Identification:											
Registration Certificate Tourising Statement Constitution / Other			Found	lina St	atomo	ant [Consti	itutior	n / Othe	r
	Registration Certificate		1 ound	ing 50	ateme				CONSC	icucioi	r / Othe	'
Registration Number:	Registration Number:											
					_							
	Trade Name:											

Postal Address						Pos	stal Co	nde				
Registered Address/ Principal place of business (if different from postal)							stal Co					
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 s of Attorney.	omeone is	represe	enting	you, s	supply	his/h	er par	ticula	rs and	Spec	cial Po	wer
Name:		•	-						-			
Address:												
						Pos	stal Co	ode _				
Tel No.: home/business												
Mobile Number												

Special Power of Attorney at	tached? [Ti	ck whiche	ver is ap	plicable]				
Yes / No									
In case of a company, close represent it must be given:	corporation	or other	juristic p	erson, p	articulars	of the	perso	n respo	onsible to
Surname:			_						
Full Names:									
Type of Identification:									
RSA Identity Document		Pas	sport			Other (s	specify)	
Identity / Passport No.									
Tel No: Home/ Business									
Mobile Number									
Date of resolution Attach original resolution									
Registration Number (Only	where regis	stration is	compuls	ory for t	the partic	ular typ	e of s	ervice)	
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

					-	% of Business/ Enterpris e Owned		
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	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

	/EHIC	LE P/	ARTIC	ULAR	S I			
Vehicle Registration number								
							 _	

Vehicle Identification number (VIN)	
Vehicle Make	
Year of Manufacture Seating Capacity	Standing Capacity
PARTICULARS OF ANYONE OF	ERATING LICENCE / PERMIT HELP BY THE OPERATOR
The following licence/ permit is held by the operator	
Number of operating licence/ permit	
Issued by (Name of Board)	
Date of Issue	Expiry date
Type of service for which issued	Metered Minibus Coach Bus Other Taxi-type Taxi-type Type Type
	ARTICULARS OF ROUTES
The following route is being / will be for	ollowed for the abovementioned special event:
Detailed route description:	

	UNDERTAKING	
I,	(full names of signatory)	
and that no other public passeng	n has been completed in respect of t ger road transport services will be un ial event, and I am aware in terms o	dertaken under the guise of the
b) I must return from the a	picked up or dropped off en route, and hoc trip with the same passengers nibus taxi-type services or any other	
	ted copy of this authorization to the (which I am a member, within 72 hou Act.	
Signature	Date	





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 na	ame	
	PARTICULARS OF ASSOCIATE		
Nature of Association:	S21 Company Volum	other (specify)
Business Registration Date Established Number			
Name of Association:			
Postal Address	P	ostal Code	
Street Address/ (if different from postal)	P	ostal Code	
Tel No: Home/ Business			
Mobile Number			

66 No. 21 PRO	VINCIAL GAZETTE EXTRAORDINARY, 11 FEBRUARY 2011
Fax Number	
e-mail address	
Number of Members	Number of vehicles operated by members
Number of Employees	
Initial Joining Fee per member	Annual Fee per member
Affiliations: Name of associations to which the applicant is affiliated (if any)	
	PARTICULARS OF OR POST BEARING
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	Pa	ssport	Other (specify)	
Identity No. / Passport No.				
Surname and Initials				
Position (e.g. chairperson, executive committee, secretary			-	
Type of Identification: RSA Identity Document	Pa	ssport	Other (specify)	
Identity / Passport No.				
Surname and Initials				
Position (e.g. chairperson, executive committee, secretary				
Type of Identification:				
RSA Identity Document	Pas	ssport	Other (specify)	
Identity / Passport No.				
Surname and Initials				
Position (e.g. chairperson, executive committee, secretary				
Type of Identification:				

	ROVINCIAL GAZETTE EXTRAORDINARY, 11 FEBRUARY 2011	
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		
PART	ICULARS OF ROUTES OPERATED BY THE ASSOCIATION	
Abbreviated association name		
Type of operation	Long Urban Rural Other distance (specify)	
, , po or operation	(opeciny)	

Departure from original

rank address

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.			
Attach additional page(s) with particulars of additional routes in same format as above (if any) DECLARATION (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 icence 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. (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.	Destination		
Attach additional page(s) with particulars of additional routes in same format as above (if any) DECLARATION (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. (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.			
Attach additional page(s) with particulars of additional routes in same format as above (if any) DECLARATION (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. (full names of signatory) the chairperson/administration officer, hereby submit the attached Constitution in fulfillment of the equirements of section 72 of the Act for registration.	Address		
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Signature Date Place		-	
Signature Date Place			
	Signature	Date	Place

Date received Y	' Y Y Y	M M D D Application Numb	er Signatur
Date dispatched to prinoperating licence)	nter (in case	e of conversion of a radius or area b	ased permit to a route based
YYYM	M D	D	
	<u> </u>		A Light Ann The A Right A 1997 (Light Light)
ANNEXURE 1 T	O APPENCA	TION FORM FOR REGISTRATION	OF AN ASSOCIATION
The state of the s			ntalannaminin laithid kananan para 4 km2 a a ann an a
		CERTIFICATE	
		(6.11)	
ne Registrar hereby de	clare that th	(full names of signatory) e attached Constitution fulfills all the	e prescribed requirements for
ne Registrar hereby den	clare that th ting of regis	e attached Constitution fulfills all the	e prescribed requirements for
ne Registrar hereby de	clare that th ting of regis	e attached Constitution fulfills all the	e prescribed requirements for Place
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ne Registrar hereby den ne purpose of the grand Signature	o APPLICA	e attached Constitution fulfills all the tration Date TION FORM FOR REGISTRATION	Place OF AN ASSOCIATION

		PARTICULA (For nat)	RS OF MEMBE Iral persons)	R	Page 1	
	Owner/ Driver	Owner Single vehicle	Owner multiple vehicle	Other (specify)		
Surname:						
Full Names:						
Type of Identification:						
RSA Identity Document		Tem	nporary Identity Certificate	<u>'</u>	Passport	
Identity/Passport No:						
rade Name (if any):					<u> </u>	
ostal Address						
				Postal Code		
Street Address/Principa						
place of business (if different from postal)		Postal Code				
T IN						
Tel No.: home/busines	.5					
Mobile Number						
·						
Fax Number						

	•
mail address	
acome Tax Reg No Attach proof of egistration) or	
tate reason why applicant not registered as a tax ayer	t
epresentative (if any). If Attorney.	someone is representing you, supply his/her particulars and Special Power
ame:	
ddress:	
ddress:	Postal Code
ddress: el No.: home/business	Postal Code

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

Yes / No

Mobile Number

72 No. 21

PARTICULARS OF MEMBER (For juristic persons)

Type of Member:	Owner/	Owner	Owner	Other	
	Driver	Single vehicle	multiple vehicle	(specify)	
Name of entity:					

Type of Identification:

Registration Certificate

Founding Statement

Constitution/Other

Registration Number:											
Trade Name (if any):											
Postal Address			-		Po	stal Co	ode _				
Registered Address/Principal place of business (if different from postal)					Po	stal Co	ode _				
Tel No.: home/business											
Mobile Number	•							~4	's gray reads . A	Na. wy d Ng. Vis. a ste riside	
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 s of Attorney.	someone is	repres	enting	you, sup	ply his/h	ier parl	ticulars	and	Specia	al Pow	er
Name:											
Address:					Po	stal Co	nde				

Tel No.: home/business													
Mobile Number													
Special Power of Attorney a	ttached	l? [Tic	k whic	chever	is ap	plicabl	le]						
Yes / No													
In case of a company, close represent it must be given:	corpo	ration	or oth	er juri	istic p	erson,	parti	culars	of the	e pers	on res	ponsil	ole to
Surname:			_							_			
Full Names:					_			-	_				
Type of Identification:													
RSA Identity Document				Temp		Ident ertifica					Pas	sport	
Identity/Passport No:													
Tel No.: home/business													
Mobile Number													
Date of Resolution													

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

					% of Business/ Enterpris e Owned			
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	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 $\,$

			*				(o)	ri (s	
Date of data entry	Υ	Y	Υ	Y	М	М	D	D	File Number
Members Registration	n n	umb	er,	issı	ied l	<u>y</u> R	egis	trar	
YYYYM		Μ.	D		D				
						_			

PARTICULARS OF VEHICLES WITH VALID OPERATING LICENCE

To be filled in by the member					
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	e 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.				OFFICIAL S	TAMP
Signature					

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

I,									
		en la elemente							





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

	iM:	a pouversion (Po-Naturalie	OPERATOR ensons)		
Type of Member:	Owner/ Driver	Owner Single vehicle	Owner multiple vehicle	Other (specify)	
Surname:					
Full Names:					
Type of Identification:			1		
RSA Identity document		Temporary Ide Certificate	entity		Passport
Identity / Passport No:					
Trade Name (if any):				_	
Postal Address					
			Pos	tal Code	
Street Address/Principal place of business (if different from postal)			Pos	tal 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 s of Attorney.	omeone	is repr	esenting	g you, s	his/h	er par	ticula	rs and	Spec	ial Po	wer	
Name:												
Name: Address:]
					Pos	stal Co	ode _					
					Pos	stal Co	ode _					
Address:					Pos	stal Co	ode L					
Address: Tel No.: home/business	{Tick wh	nicheve	er is app	plicable)	Pos	stal Co	ode _					
Address: Tel No.: home/business Mobile Number	{Tick wh	nicheve	er is app	plicable)	Pos	stal Co	ode _					
Address: Tel No.: home/business Mobile Number Power of Attorney attached?	{Tick wh	nicheve	er is app	plicable)	Pos	stal Co	ode _					

	PARTIC (Fo	ULARS OF OP r juristic perso	RATOR Ins)		
Type of Member:	Owner/ Driver	Owner Single vehicle	Owner multiple vehicle	Other (specify)	
Name of entity:		<u>-</u>			
Type of Identification:					
Registration Certificate		Founding Stat	ement	Constitution	n/Other
Registration Number:					
Trade Name (if any):		_			
Postal Address			Postal C	Code	
Registered Address/Principal place of business (if different from postal)			Postal C	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 s Attorney.	omeone is	represe	nting yo	ou, supply	nis/ne	er part	iculars	and Po	wer of	
Name:						_				
Address:										
					Pos	tal Cod	de			
Tel No.: home/business										
Mobile Number										
Special Power of Attorney at	tached? [Ti	ck which	hever is	applicab	le]					
Yes No										
In case of a company, close represent it must be given:	corporation	or othe	er jurist	ic person,	partic	ulars o	of the p	erson	responsil	ole to
Surname:						_				
Full Names:					_					
Type of Identification:										
RSA Identity Document				Passpo	ort				Other	
Identity/Passport No:										
Tel No.: home/business										

Mobile Number								
Date of Resolution								
	DEC	CLARATION E	BY NON ME	MBER				
I, this form are true and	correct I subsc						in	
Conduct, a copy of wh			liee to be bo	Junu by the	prescribed	Code of		
Note: the Code of Con	duct is obtainab	ole from the Re	egistrar.					
Signature		Dat	te	_		Place		
The state of the s		FOR OFFIC	E USE ONL		And the second of the second o			
Operator Provision Registration no. issued by Registrar			Date of I	Data Entry	YYY	YM	M D D	
Registration no.			Date of	Data Entry	YYY	YYM	M D D	

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

						% of Business/ Enterpris e Owned		
Name	Date/Positio n occupied in Enterprise	ID Number	Date RSA Citizenshi p obtained	People with Disabilities	Women	Youth	Others	

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

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					

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

^{*** &}quot;Youth "means persons between the ages of 14 and 35

Type of vehicle				
Chassis Number	Motor Car	Minibus	Midi bus	Bus Other
Operating Licence number				
Vehicle identification number (VIN)				
Authorised departure point				
Additionsed departure point				
Authorised arrival point				
Expiry date of roadworthy certificate				
Route number / code				
Detailed route description:				
		_		·
(Detail of other vehicles / operating lic	ences / permi	ts / to be pro	ovided on a sep	parate 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			OF	FICIAL STAMP
the requirements of the Act and other relevant legislation.				
relevant legislation.				
Signature				

Short Title and Commencement

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