

GAUTENG FREEWAY IMPROVEMENT PROJECT (GFIP) REGISTRATION FORM (A)



PART A: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT PUBLIC TRANSPORT VEHICLES A1. PARTICULARS Full name of person, company, partnership, corporation or other legal entity: Company: Type of legal entity: Person: Partnership: Corporation: Other (specify): Name of responsible person in case of a juristic person: Association of which applicant is a member (if applicable): Postal address: Street address: Code Code: Tel (home): Tel (work): Cell: Fax: E-mail A2. TYPE OF IDENTIFICATION (CERTEFIED COPY TO BE ATTACHED) RSA identification document: Passport: Founding statement: Memorandum of understanding: Temporary identity certificate: Foreign identity document: Certificate of incorporation: Partnership agreement: A3. PARTICULARS OF OPERATING LICENCE OR PERMIT FOR EACH VEHICLE (CERTIFIED COPY TO BE ATTACHED) For more than six vehicles, please complete the bulk application Excel Spreadsheet provided by Sanral VEHICLE 1: Operating licence/ permit number: Vehicle licence number as shown on the operating licence/permit: Regulatory entity that issued the licence or permit: Date issued (yy/mm/dd): Date of expiry (yy/mm/dd): VEHICLE 2: Operating licence/ permit number: Vehicle licence number as shown on the operating licence/permit: Regulatory entity that issued the licence or permit: Date issued (yy/mm/dd): Date of expiry (yy/mm/dd): VEHICLE 3: Operating licence/ permit number: Vehicle licence number as shown on the operating licence/permit: Regulatory entity that issued the licence or permit: Date issued (yy/mm/dd): Date of expiry (yy/mm/dd): VEHICLE 4: Operating licence/ permit number: Vehicle licence number as shown on the operating licence/permit: Regulatory entity that issued the licence or permit: Date issued (yy/mm/dd): Date of expiry (yy/mm/dd) VEHICLE 5: Operating licence/ permit number: Vehicle licence number as shown on the operating licence/permit: Regulatory entity that issued the licence or permit: Date of expiry (yy/mm/dd): Date issued (yy/mm/dd): VEHICLE 6: Operating licence/ permit number: Vehicle licence number as shown on the operating licence/permit: Regulatory entity that issued the licence or permit: Date issued (yy/mm/dd): Date of expiry (yy/mm/dd): A.4 TYPE OF SERVICE Minibus taxi-type service as defined in section 1 of the National Land Transport Act, 2009 (Act No 5 of 2009) (hereafter referred to as the NLTA) where the service is for commuting, as defined in the NLTA, including for the transportation of scholars and private contract passengers (charter services) and where such transportation, on the GFIP toll roads, is authorized by the same operating licence or permit that authorizes the commuter services (the definition reads as follows: "minibus taxi-type service" means an unscheduled public transport service operated on a specific route or routes or, where applicable, within a particular area, by means of a motor car, minibus or midibus") Contracted service, that is vehicles operated in terms of a contract with a contracting authority contemplated in section 56 of the NLTA and where such service is provided on roads which include the GFIP toll roads Scheduled commuter public transport service, that is a regular, daily scheduled public transport service operating according to a time-table, including the transportation of scholars and private contract passengers (charter services) where such transportation, on GFIP toll roads, is authorized by the same operating licence or permit that authorizes the commuter services

Scholar service, that is a dedicated service for transporting scholars or students on a daily basis contemplated in section 72 of the NLTA for which an operating licence or permit is required in terms of the NLTA and where such service is provided on roads which include the GFIP toll roads

A.5 VEHICLE DETAILS	
Single application:	Bulk application:
VEHICLE 1: VEHICLE TYPE AS DEFINED IN THE NLTA	
Motor car (less than 10 persons including the driver):	Minibus (10 to 16 persons including the driver):
Midibus (17 to 35 persons including the driver):	Bus (more than 35 persons including driver):
Vehicle licence number: Type of vehicle:	Make of vehicle:
VEHICLE 2: VEHICLE TYPE AS DEFINED IN THE NLTA	
Motor car (less than 10 persons including the driver):	Minibus (10 to 16 persons including the driver):
Midibus (17 to 35 persons including the driver):	Bus (more than 35 persons including driver):
Vehicle licence number: Type of vehicle:	Make of vehicle:
VEHICLE 3: VEHICLE TYPE AS DEFINED IN THE NLTA	
Motor car (less than 10 persons including the driver):	Minibus (10 to 16 persons including the driver):
Midibus (17 to 35 persons including the driver):	Bus (more than 35 persons including driver):
Vehicle licence number: Type of vehicle:	Make of vehicle:
VEHICLE 4: VEHICLE TYPE AS DEFINED IN THE NLTA	
Motor car (less than 10 persons including the driver):	Minibus (10 to 16 persons including the driver):
Midibus (17 to 35 persons including the driver):	Bus (more than 35 persons including driver):
Vehicle licence number: Type of vehicle:	Make of vehicle:
VEHICLE 5: VEHICLE TYPE AS DEFINED IN THE NLTA	
Motor car (less than 10 persons including the driver):	Minibus (10 to 16 persons including the driver):
Midibus (17 to 35 persons including the driver):	Bus (more than 35 persons including driver):
Vehicle licence number:	Make of vehicle:
VEHICLE 6: VEHICLE TYPE AS DEFINED IN THE NLTA	
Motor car (less than 10 persons including the driver):	Minibus (10 to 16 persons including the driver):
Midibus (17 to 35 persons including the driver):	Bus (more than 35 persons including driver):
	Bus (more than 35 persons including driver):
Vehicle licence number: Type of vehicle:	Bus (more than 35 persons including driver):
Vehicle licence number: Type of vehicle:	
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT	Make of vehicle:
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	utes for which the public transport service registration is sought. Positioning trips (i.e trips
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above.	utes for which the public transport service registration is sought. Positioning trips (i.e trips o ends) must also be shown. These routes must be authorised by a valid operating licence
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or roffrom the operator's home, depot or base to where the trip starts, and back again when the tri	Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Position is
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI	Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Position is
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI	Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Position
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rd from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMPT	Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Position
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rr from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS	Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Position
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rr from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS	Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Position
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAT EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMPT B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality:	Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Contract of the public transport service registration is sought. Position is s
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rofom the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAT EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMPT B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality:	Image: Constraint of the second se
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rofrom the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: City of Tshwane Metropolitan Municipality:	Image: Contract of the second seco
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rofom the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAT EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMPT B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality:	Image: Constraint of the second se
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rr from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: City of Johannesburg Metropolitan Municipality: City of Tshwane Metropolitan Municipality: RTMC Traffic Officer vehicles	Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Position is sought. Position ing trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of transport service registration is sought. Position
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Type of vehicle: Please describe as well as indicate on the map attached hereto as a Schedule the route or rr from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: City of Tshwane Metropolitan Municipality: Full name of contact person:	Image: Contract of the second seco
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Type of vehicle: Please describe as well as indicate on the map attached hereto as a Schedule the route or rr from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: City of Tshwane Metropolitan Municipality: Full name of contact person:	Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Positioning trips (i.e trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of the public transport service registration is sought. Position is sought. Position ing trips (i.e. trips of ends) must also be shown. These routes must be authorised by a valid operating licence Image: Constraint of transport service registration is sought. Position
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Type of vehicle: Please describe as well as indicate on the map attached hereto as a Schedule the route or rofrom the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: City of Johannesburg Metropolitan Municipality: RTMC Traffic Officer vehicles Full name of contact person: Postal address:	Image: Construct of the second sec
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or ro from the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAT EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: Emergency medical response/rescue vehicle: RTMC Traffic Officer vehicles Full name of contact person: Postal address: Stall address:	Image: Contract of the second seco
Vehicle licence number: Type of vehicle: A.6. ROUTES FOR WHICH REGISTRATION IS SOUGHT Please describe as well as indicate on the map attached hereto as a Schedule the route or rafrom the operator's home, depot or base to where the trip starts, and back again when the tri or permit, the particulars of which are provided in terms of paragraph A.3 above. PART B: TO BE COMPLETED BY PERSONS USING OR DRIVING EXEMPT AMBULAI EXEMPT EMERGENCY MEDICAL RESPONSE VEHICLES, EXEMP B1. PARTICULARS Tick the relevant box: Gauteng Provincial Government: City of Johannesburg Metropolitan Municipality: City of Johannesburg Metropolitan Municipality: City of Tshwane Metropolitan Municipality: Film arm of contact person: Postal address: Solution and the starts Full name of contact person: Postal address: Solution and the starts Postal address: Solution Solution and the starts Solution Solution and the starts Solution	Image: Construct of the second sec

B2. PARTICULARS OF VEHICLE(S) (CI	ERTEFIE	D CO	PY OF	· VEHIC	LEL	LICE	NCE	E TO) BE	ATT	ACHE	D)																	
For more than 4 vehicles, the particulars	of the vel	hicles	for wh										n the I	Exce	l spre	eadsł	heet	sup	plied	d by S	SAN	RAL	. The	e pu	rpose	e for	whic	h the	;
vehicle is used must be indicated on the I VEHICLE 1:	Excel spr	readsh	neet.																										
Vehicle licence number														T															
Type of vehicle: Make of vehicle:					-							_	_	+-	-											_	_	_	_
VEHICLE 2:						<u> </u>			I					_	<u> </u>														
Vehicle licence number																													
Type of vehicle: Make of vehicle:					H							-		-												_		-	_
VEHICLE 3:					1	1		1	1	1				1	1								1 1		- 1		- 1	- 1	
Vehicle licence number																													
Type of vehicle: Make of vehicle:					-							-		-												_			
VEHICLE 4:														<u> </u>															
Vehicle licence number Type of vehicle:					-							_														_			_
Make of vehicle:												-																-	
															1													_	
	PART C	: TO E	BE CO	MPLET	ED E	BY P	ERS	SON	S US	SING	OR E	rivi	NG E	XEM	PT A	DAP	PTEC) ve	HIC	LES									
C1. PARTICULARS																													
												_			,									,	_				
Full name of person: Postal address:	+		+		-					Strop	et add			-	-	+			+		+	+	+	+	+				
		-						-		Silee		855.				-			-		-		-		_				
				Code:						/									_		_		(Code): 				
Tel (home): Cell:		_			_	_			_	Tel (v Fax:	work)		H			_			+		+	-	-	-	_	-			
E-mail:																													
				ATT 4.0						_	_		_							_							_		
C2. TYPE OF IDENTIFICATION (CERTE	FIEDCO	JPYI	O BE	ATTAC	HED	') <u> </u>																							
RSA identification document:	Pass	sport:					Γ																						
Tanan anany islandiky apatificatay	Fore	aian idu	ontitu	docume	nt [.]																								
Temporary identity certificate:	Fole	ign iu	enaly	JUCUIIIE	. n.		_																						
						ос т			TTA	CUE																			
C3. VEHICLE PARTICULARS (CERTEF						CET	O B	EA	TTA	CHE)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle:						CET	OB	E A1	TTA	CHE)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP						O B		TTA	CHE	D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle:	IED COP						OB			CHE	D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP						OB			CHEI	D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP						OB				D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP						O B				D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP										D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP							EA1			0)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP										0)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP										D)																		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt	IED COP																												
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle:	IED COP																												
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt	ion	PPY OF					PAR	RT D	D: DR	ECLA	RAT		• • e-Rc	ad R	legul	ation	s; a	nd											
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt Please provide a description of the adapt I, the undersigned (full names) (a) undertake to comply with (i) the con (b) certify that the information furnishe	ion nditions c d in this a	PY OF	stration	n as the	y app	ply to	PAH	RT D	D: DR	ECLA		i) the			-				ofe	-toll i	n ter	ms c	of th	ere	levan	ht no	tices		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt I, the undersigned (full names) (a) undertake to comply with (i) the conduction furnished published by the Minister or the Agental statements	nditions c d in this a ency.	py of	stration fc	n as the	y app	ply to		RT C empt	D: DR t veh	ECLA	RAT	i) the for e	xemp		-				of e	-toll i	n ter	ms o	of th	e re	levan	ht no	tices		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt Please provide a description of the adapt I, the undersigned (full names) (a) undertake to comply with (i) the con (b) certify that the information furnishe	nditions c d in this a ency.	py of	stration fc	n as the	y app	ply to		RT C empt	D: DR t veh	ECLA	RAT and (i) the for e	xemp		-				of e	-toll i	n ter	ms c	bof th	e re	levan	nt no	tices		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt Please provide a description of the adapt I, the undersigned (full names) (a) undertake to comply with (i) the con (b) certify that the information furnishe published by the Minister or the Ag I accept that if the information supplied in	nditions c d in this a ency.	py of	stration fc	n as the	y app	ply to		RT C empt	D: DR t veh	ECLA	RAT and (i) the for e	xemp		-				of e	-toll i	n ter	ms (of th	e re	levan	nt no	tices		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt I, the undersigned (full names) (a) undertake to comply with (i) the conduct (b) certify that the information furnished published by the Minister or the Age	nditions c d in this a ency.	py of	stration fc	n as the	y app	ply to nd co	PAN D exe D exe D exe D exe	RT L empt ct an	D: DR t veh	ECLA	RAT and (i) the for e	xemp		-				of e	-toll i	n ter	ms c	of th	e re	levan	ht no	tices		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt I have a description of the adapt (a) undertake to comply with (i) the con (b) certify that the information furnishe published by the Minister or the Ag I accept that if the information supplied in	nditions c d in this a ency.	py of	stration fc	n as the prm is tr	y app ue ar	ply tc nd cc se th	PAI PAI D exe D rrec e ap lace	RT D empt ct an opplica	D: DE t veh ation	ECLA	RAT and (i) the for e	xemp		-				of e	-toll i	n ter	ms c	of th	e re	levan	nt no			
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt I have a description of the adapt (a) undertake to comply with (i) the con (b) certify that the information furnishe published by the Minister or the Ag I accept that if the information supplied in	nditions c d in this a ency.	of register	stration for	n as the prm is tr	y app ue ar	ply to nd co se th	PAN PAN D exe D rrec e ap lace 'mm/	RT D empt ct an pplica	D: DB t veh ation	ECLA aicles areby	and (apply	i) the for e ected	xemp /	tion	from	the p	baym	nent	of e	-toll i	n ter	ms c	of th	e re		ht no	tices		
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Please provide a description of the adapt In the undersigned (full names) (a) undertake to comply with (i) the computing the published by the Minister or the Ag I accept that if the information supplied in Signature: Application number:	nditions c d in this a ency.	of register	stration for	n as the prm is tr	y app ue ar	ply to nd co se th	PAN PAN D exe D rrec e ap lace 'mm/	RT D empt ct an pplica	D: DB t veh ation	ECLA aicles areby	and (apply	i) the for e ected	xemp /	tion	from	the p	baym	nent	ofe	-toll i	n ter	ms c	of th	e re	levan	nt no			
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Make of vehicle: Please provide a description of the adapt Please provide a description of the adapt Please provide a description of the adapt I, the undersigned (full names)	nditions c d in this a ency.	of register	stration for	n as the prm is tr	y app ue ar	ply to nd co se th	PAN PAN D exe D rrec e ap lace 'mm/	RT D empt ct an pplica	D: DB t veh ation	ECLA aicles areby	and (apply	i) the for e ected	xemp /	tion	from	the p	baym	nent	of e-	-toll i		ms c	of th	e re		nt no			
C3. VEHICLE PARTICULARS (CERTEF Vehicle licence number Type of vehicle: Please provide a description of the adapt Please provide a description of the adapt I, the undersigned (full names) (a) undertake to comply with (i) the con (b) certify that the information furnishe published by the Minister or the Ag I accept that if the information supplied in Signature:	nditions c d in this a ency.	of register	stration for	n as the prm is tr	y app ue ar	ply to nd co se th	PAI D exe D rrec e ap lace imm/	RT D empt ct an pplica	D: DE t veh ation	ECLA iicles ereby	and (apply	i) the for e ected	xemp /	tion	from	the p	baym	nent	of e-	-toll i		ms c	of th	e re		nt no			

