



PUBLIC ROAD PERMIT APPLICATION FORM	
PRPAF - 001	Issue 02
Date of Issue	9 th Apr. 2014

RECOMMENDATION FOR PUBLIC ROAD PERMIT APPLICATION FORM

SECTION A:	REQUIREMENTS
<p>1. The Municipal Council of Mbabane acting as the Local Authority has a duty to recommend all public road permits in terms of the section 12(1) of the Road Transportation Act of 2007.</p> <p>2. The Municipal Council of Mbabane requires all applicants to complete this form in full before the recommendation of a new or renewal permit.</p> <p>3. No application would be considered if this application is not completed in full.</p>	

SECTION B:	PERSONAL INFORMATION
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Surname:		Name/s:	
ID No.:		Email Address:	
Cell No.:		Postal Address	
Tel. No.:			

SECTION C:	BUSINESS AND PERMIT APPLICATION DETAILS
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Name of Business:	
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Type of Business: <i>(Please tick where Appropriate)</i>	Sole Trader	Private Company	Public Company	Other
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Permit Details: <i>(Please tick where appropriate)</i>	Scheduled	Non Scheduled	Taxi Cab	School Bus	Staff Bus	Goods Transport	Tourist Permit
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NEW PERMIT APPLICATION:	Yes / No	
PERMIT RENEWAL:	Permit No.:	
	Expiry Date	
PERMIT AMENDMENT:	Permit No.:	
	Expiry Date	
Details of Amendment:		

SECTION D: TRANSPORT ROUTE DETAILS AND DECLARATION

Base Point:		Destination Point:	
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ROUTES:

1.		3.	
2.		4.	

This is to certify that I..... will abide by the rules and regulations of the Municipal Council of Mbabane.

- To utilize the Mbabane Bus Rank as a base point or any other area which may be identified by the Municipal Council of Mbabane as my base point.
- To utilize only the drop off zones identified by the Municipal Council of Mbabane within the CBD and surrounding areas.
- To follow only route specified in my application.
- To adhere to all changes or instructions that may be communicated directly to me through my regional association or by any agent of the Municipality.

Signature:..... Date:.....

SECTION E:

The following section must be completed by the registered Regional Association concerned in fulfilment of Section 12 (2) of the Road Transportation Act:

Name of Association:

Comments:.....

.....

NAME: SIGNATURE:

DESIGNATION: DATE & STAMP:

FOR OFFICE USE ONLY: RECEIVING

RECEIVED BY: DATE RECEIVED:

Municipal Application completed in full

RTB Form completed in Full

Copy of Old Permit Attached (If Renewal or Amendment)

	SIGNATURE

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FOR OFFICE USE ONLY: ACTION

Actioned By:..... **Date Received**.....

COMMENTS:

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.....
.....

Signature:..... **Date:**.....