**MINISTRY OF PUBLIC WORKS AND TRANSPORT**
**ROAD TRANSPORT DEPARTMENT**

**APPLICATION FOR COMESA CARRIER LICENSE**

In terms of the Road Transport Act No. 5 of 2002 as read with the Southern African Customs Union Memorandum of Understanding and in line with the Comesa protocol on Transit Trade and Transit Facilities

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<th>New Application</th>
<th>Renewal</th>
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### PART A: APPLICATION DETAILS

- **Trade Name/A**
- **Surname**
- **Initials and First Names:**

#### Type of Business:
- Sole Owner
- Partnerships
- Private Co.
- Public Co.
- Close Corp.
- Other (Specify)

- **Postal Address:**
- **Street Address:**
- **Contact Person:**
- **Mobile Number:**
- **Telephone Number:**
- **Facsimile Number:**
- **E-mail address:**

Address where Official Documentation must be served

### PART B: PERMIT PARTICULARS

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<td>1</td>
<td>REGULAR INTERNATIONAL PASSENGER SERVICE</td>
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<td>SHORT TERM INTERNATIONAL PASSENGER/GOODS SERVICE</td>
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Required for Period Starting: 20 Yr M D

- **Country of Origin:**
- **Transit Country (If applicable):**
- **Country of Destination:**

Service frequency: Daily, Bi-weekly, Forthnightly, Monthly, Other (Specify)
DECLARATION BY CARRIER / REPRESENTATIVE

I the carrier / representative declare that all the particulars by me in this form are true and correct:

PART C: ROUTE PARTICULARS

Route Description
• Supply key Town / City
• Name of the border Post:

Town / City: ________________________________
Departure Point / Bank: ________________________ Departure Time:
Border Post: ________________________________
Intermediate Points (Maximum of Four):

Destination Point: ________________________________
Estimated Time of Arrival: ________________________

PART D: VEHICLE PARTICULARS

Make / Model: ________________________________
Year of Manufacturing: ________________________
Maximum Number of Passengers (If applicable): ________
Tare: ________________________________
Gross Vehicle Mass: ____________________________
Registration Number: __________________________
Chassis Number: ______________________________

Type of Vehicle: Minibus / Midibus Bus Rigid Vehicle Truck Tractor Abnormal Other (specify)

Expiry Date of Certificate of Fitness 20 Yr M D
Certificate of Fitness Number: ____________________________

Consultation Procedure
(Official use only)

COMMENT ON APPLICATION (1st competent authority): __________________________________________

DATE DISPATCHED TO SECOND: ________________________ Dispatched By: ______________________

COMPETENT AUTHORITY

COMMENT ON APPLICATION (2nd competent authority): __________________________________________

DATE RECEIVED: ________________________ Dispatched By: ______________________

DATE DISPATCHED TO FIRST: ________________________

COMPETENT AUTHORITY