



MINISTRY OF PUBLIC WORKS AND TRANSPORT
ROAD TRANSPORT DEPARTMENT

APPLICATION FOR COMESA CARRIER LICENSE

(In terms of the Road Transport Act No.5 of 2007 as read with the Southern African Customs Union Memorandum of Understanding and in-line with the Comesa protocol on Transit Trade and Transit Facilities)

New Application		Renewal		Duplicate		Replacement	
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Identity Number:

Company Identity Number:

Tax Number (VAT):

PART A: APPLICATION DETAILS

Trade Name:

Surname:

Initials and First Names:

Type of Business: Sole Owner Partnerships Private Co. Public Co. Close Corp.

Other (Specify)

Postal Address:

Street Address: (If different from above)

Contact Person:

Mobile Number:

Telephone Number:

Facsimile Number:

E-mail address:

Address where Official Documentation must be served

Postal Address:

Street Address:

PART B: PERMIT PARTICULARS

Type of Transport

1	REGULAR INTERNATIONAL PASSENGER SERVICE	2	SHORT TERM INTERNATIONAL PASSENGER/GOODS SERVICE
3	INTERNATIONAL TOURIST SERVICE	4	GOODS TRANSPORT

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:.....

•Delete where not applicable

PART C: ROUTE PARTICULARS

Route Description

- Supply key Town / City
- Name of the border Post:

Town / City

Departure Point / Rank: Departure Time:

Border Post:

Intermediate Points (Maximum of Four)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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