

5) Rates to be Charged for the Proposed Services: _____

6) Financial Background and Technical Facilities:

(a) I am a holder of the following Road Transport Permits: -

(i) In Botswana; _____

(ii) Elsewhere (Please specify); _____

(b) Information to support the financial ability of the applicant in providing services applied for if the application is successful: _____

7) If an application by the applicant for the same service has been submitted earlier and refused:

(a) The application number: _____
(b) The date of the refusal: _____
(c) The place of application: _____

8) Any additional information in support of the application: _____

9) DECLARATION (A false declaration is an offence punishable by law)

I, the undersigned, hereby apply for a Road Transport Permit which I have indicated on page 2. I declare that the foregoing particulars are correct to the best of my knowledge.

Date: _____ 20____ Signature of applicant _____

Place: _____ Title or position (of a duly authorized representative in case of Company/Parastatal/Society ownership) _____

Department of Road Transport and Safety



REPUBLIC OF BOTSWANA
(Cap. 69:03, Regulation 10)

APPLICATION FOR INITIAL GRAND/AMENDMENT/RENEWAL OF ROAD TRANSPORT PERMIT

(Please tick (✓) the applicable box☐)

NOTES:

- 1. This application must be signed by the person requiring the permit or, if made by any corporate body or partnership firm, by a duly authorized person in that behalf by such body, or partner of the partnership firm, as the case may be.
2. All information required below must be given; it is not sufficient to write "as before" etc. Additional information may be given on a separate sheet of paper if there is insufficient room on the form.
3. You are strongly warned not to purchase any motor vehicles or trailers in anticipation of your application being granted.

TO: The Transport Controller
Department of Road Transport & Safety
Private Bag 0054
Gaborone, BOTSWANA.

FOR OFFICIAL USE ONLY

Application No.: _____ Batch No.: _____ Date received: _____

Application received by:

Name: _____ Signature: _____ Date: _____

Hearing Date: _____ TAB Office: _____

Board's Recommendation:

Name: _____ Signature: _____ Date: _____

Controller's Decision:

Name: _____ Signature: _____ Date: _____

1) I hereby apply for:

(a) Please indicate the type of Application

New Application	Application Renewal	Standby Vehicle	Permit Transfer	Substitution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Permit	Code	Permanent / Annual	Single/ Short Term	Own Account
(a) Botswana Operations Annual Permit	BA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Botswana Operations Single Trip Permit	BS		<input type="checkbox"/>	<input type="checkbox"/>
(c) Transit Operations Annual Permit	TA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Transit Operations Single Permit	TS		<input type="checkbox"/>	<input type="checkbox"/>
(e) Passenger Transport Permit	P	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Local Route	P	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Scheduled Route	P	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Taxi	P	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Call Cab	P	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Cross Boarder	P	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) Tour Operations	P	<input type="checkbox"/>	<input type="checkbox"/>	
(vii) School Bus	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Staff Transport	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Shuttle Services	P	<input type="checkbox"/>	<input type="checkbox"/>	
(x) Motor Vehicle Rental Service Permit	P	<input type="checkbox"/>	<input type="checkbox"/>	
(xi) Exclusive Permit	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Standby Vehicles, Permit Transfer, Substitution please state Permit Number of the Main Permit: _____

2) Details of the Applicant

(a) Full name of Applicant: _____

(b) Identity of the owner: _____
 [Omang for citizens, Residence permit / exemption certificate and passport for non citizens, Certificate of incorporation for companies, Certificate of registration for societies, Parastatal number for Parastatals, Guardians' ID for a minor (under 16)]

(c) Postal Address: _____

(d) Physical Address: _____

(e) Email: _____

(f) Phone: _____ Fax: _____ Cell: _____

(g) The applicant is:

i) A company registered in Botswana? Yes No

(a) <input type="checkbox"/> 100% Foreign owned	(b) <input type="checkbox"/> More than 50% Foreign owned	(c) <input type="checkbox"/> 50% Citizen/Foreign own
(d) <input type="checkbox"/> Less than 50% Foreign owned	(e) <input type="checkbox"/> 100% Citizen owned	

ii) A Citizen of Botswana? Yes No _____
 (If by registration or naturalization, state certificate number)

iii) A resident in Botswana? Yes No _____
 (State resident permit number and expiry date)

iv) Other, please specify: _____

3) Description of the Planned Operation:

(a) The headquarters of the operation will be situated at:

(b) The service will be performed in/on _____
 (Area or route and time slots if any)

	City / Town / Village Name			Distance (km)
	Service Day Markings*		Service Day Markings*	
Departure Time Slots				

Please indicate the time following the 24 hours system, for example 4 p.m. shall be marked 16:00 hrs. For each time slot please indicate the following:

*No markings=everyday, X=Monday through Saturday, Y=Monday through Friday, 1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday and 7=Sunday

(c) Details of services to be provided (Please describe in detail the nature of the proposed business operations, Picking/dropping points and Exit/Entry border for cross border passenger operations):

(d) In the case of a permit for Transit Operations state the region of entry to and exit from Botswana :-

DESCRIPTION OF REGION	ENTER	LEAVE
Southern region; between and including Mamuno and Sikwane	<input type="checkbox"/>	<input type="checkbox"/>
Central region; north of Sikwane as far as and including Ramokgwebana	<input type="checkbox"/>	<input type="checkbox"/>
Northern region; north of Ramokgwebana and Mamuno	<input type="checkbox"/>	<input type="checkbox"/>

4) Details of Vehicle to be Used:

Registration Number	Year of Manufacture	Description of the Vehicle (Make Model, Body Type, etc.)	Unladen / Tare Mass (Kg)	Gross Vehicle Mass (GVM) - (Kg)	Number of Seated and Standing Passenger