



Road Transport and Safety Agency

APPLICATION FOR ROAD SERVICE LICENCE

Notes:

1. This application must be signed by the person requiring the licence, or if made by any corporate body or partnership firm, by a person duly authorized in that behalf by such body, or a partner of the partnership firm, as the case may be.
2. All information demanded below must be given; it is not sufficient to write “as before”, etc. information may be given on a separate sheet of paper if there is insufficient room on the form. Certain items may be printed on a separate sheet of paper and, if a request to this effect is made, the Director will withhold from the public inspection the information given in response thereto.
3. A Road Service Licence may be granted for not more than three (3) years from the date of issue.
4. The completed application form PSV 1 must be submitted with the under-listed:
 - a. Copy of Certificate of registration or incorporation (together with PACRA form 2 or 3-Directors’ shareholding status);
 - b. Copies of acceptable Identity Card(s) for owners;
 - c. Zambia Revenue Authority (ZRA) Tax Clearance Certificate or Presumptive Tax Clearance Certificate;
 - d. An Investment Licence in transport for applicants with less than 75% Zambian Shareholding in the business (Except for applicants of the Restricted Goods Vehicle Road Service Licence);
 - e. List of vehicles; and
 - f. List of drivers (Note: Public Service Vehicle (PSV) Drivers for applicants of Public Service Vehicle Road Service Licence and Standard Goods Vehicle Road Service Licence except for the Restricted Goods Vehicle Road Service Licence).
5. Keep a copy of this application. If you subsequently apply for a variation of your road service license you will have to certify the correctness of the particulars given in this application.

To. The Director
 Road Transport and Safety Agency
 Dedan Kimathi Road
 P.O Box 32167
 Lusaka, Zambia

Full name of applicant

NRC No. /Company ID No.....Physical Address.....

..... Postal address

Telephone: Mobile Phone Number(s)

I hereby apply for a Road Service Licence valid for Months, Year (s) to permit me to operate the service described below and I hereby declare that to the best of my knowledge and belief all the statement in this application and in the annexed statements are true.

Please tick:

- A. Standard Goods Vehicle Road Service Licence
- B. Restricted Goods Vehicle Road Service Licence
- C. Public Service Vehicle Road Service Licence

Date

Signature of Applicant

Name of Applicant:

*A: A Service for the carriage of goods for hire or reward or in connection with any trade or business carried on by the holder of the licence. (Note: Applicants applying for this service should tick item marked A.)

*B: A service for the carriage of goods for or in connection with, any trade or business carried on by the holder of the licence, other than that of carrying goods for hire or reward; (Note: Applicants applying for this service should tick items marked B.)

*C: A service for conveying passengers or goods or both or otherwise used for conveying passengers or goods or both for reward. (Note: Applicants applying for this service should tick item marked C.)

(1) Give particulars of the road or area it is proposed to serve
.....
.....

(2) Give the time-table of the service you wish to provide or, if you do not propose to operate a time-table, give the frequency of the service, and the times to be taken by it (C). This may be answered on a separate sheet of paper if more convenient
.....
.....

(3) Give particulars of any bankruptcy or agreements entered into with creditors by you (A, B and C) ...
.....
.....

(4) State whether your main source of livelihood is, or is limited to be, or derived from the business of operating these vehicles (A, B and C)

(5) Please attach a statement or give other satisfactory evidence of your financial stability, in the case of limited companies, please state:

a) The authorized capital

b) The paid up capital

c) Details of Directors

S/n	Name	National ID No.	Nationality	Extent of interest

6. Attach a Tax Clearance Certificate from Zambia Revenue Authority.....

7. Details of next of kin: Full names
address.....Telephone No.....

8. Fill in details of the motor vehicles and trailers you intend to use in the attached form Annex 1

Date NameSignature

Verified by: Licensing OfficerSignature Date

Annex 1: Details of vehicles to be used

No	Reg. No.	Chassis No.	Maximum carrying Capacity	Year of make
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Date//20..... Name:.....Signature: