



environment & tourism

Department:
Environmental Affairs and Tourism
REPUBLIC OF SOUTH AFRICA

Application to the Department of Environmental Affairs and Tourism in terms of Regulation 6 (9) (b) of the Regulations published in terms of section 44 of the National Environmental Management Act, 107 of 1998: Control of Use of Vehicles in the Coastal Zone: (Government Notice No. 1399 of 21 December 2001) as amended (“the Regulations”).

PERMIT RENEWAL APPLICATION: VEHICLE USE IN THE COASTAL ZONE BY A PHYSICALLY DISABLED PERSON

CHECKLIST: APPLICANT HAVE YOU – (place a tick in the appropriate box)		
1. Provided ALL the information required in this application form?	YES	NO
2. Attached a certified copy of your identity document?	YES	NO
3. Attached a certified copy of your driver's licence?	YES	NO
4. Attached certified copies of the identity documents of other persons who will be driving the vehicle(s) to which the permit will pertain (if applicable)?	YES	NO
5. Attached certified copies of the driver's licences of other persons who will be driving the vehicle(s) to which the permit will pertain (if applicable)?	YES	NO
6. Signed the application form before a Commissioner of Oaths?	YES	NO

INSTRUCTIONS: You must read these.

1. Please ensure that all the necessary information required as annexures or attachments to this application is provided so as to facilitate the consideration of your application. **Only the original completed, signed and dated application form will be accepted; a faxed or e-mailed version thereof will not be accepted.**
2. In terms of the last paragraph of section 5.9 of the *Guidelines on the Implementation of Regulations pertaining to the Control of Use of Vehicles in the Coastal Zone (Regulation Gazette No. 8113 of 7 December 2004)*, a physically disabled person whose functional mobility prevents him or her from being able to walk on beach surfaces, **who has already been issued with a permit for vehicular access to the coastal zone in terms of the said regulations, may apply to have such a permit renewed.**
3. You must satisfy the Department that you remain affected by the physical disability which qualified you to be issued with the original permit. This must be done by completing this form, and having it signed by a Commissioner of Oaths. If the application is completed by a third party (such as a consultant or legal representative), then this third party's details must **also** be provided as required in this application.
4. Please note that the renewal of a permit means, by definition, that you accept the conditions in the original permit. (Although these conditions may remain unchanged from those in the original permit, the Department may alter the original conditions to take into account information gathered since the last permit was issued). **No fee will need to be paid for the permit renewal application.**
5. Should you, however, wish to have any condition in the original permit amended, then you will need to submit a new permit application, **on the standard permit application form. The standard application fee of R150 will have to be paid.**
6. This application must be addressed to the Department of Environmental Affairs and Tourism and handed in at the Department of Environmental Affairs and Tourism: Branch Marine and Coastal Management, 3rd Floor, Foretrust Building, Martin Hammerschlag Way, Foreshore, Cape Town, 8001. Alternatively, applications may be posted to the Deputy Director: Coastal Planning and Environmental Protection, Private Bag X2, Roggebaai, 8012 .
7. **Please note that on expiry of the previous permit issued to you, you must have returned the certificate issued with that permit, at your cost, to the Department within 14 days of the expiry of that permit.**
8. **Failure to provide the information requested herein may result in the application not being processed, or delayed.**

PART A: PERSONAL DETAILS

Full name of applicant
Identity number
Address (physical).....
.....
Address (postal).....
.....
Telephone number (work)
Telephone number (home)
Cellphone number
Fax number
E-mail address

PART B: PHYSICAL DISABILITY

Do you remain affected by the physical disability which qualified you to be issued with your original permit?

YES / NO

PART C: VEHICLE DETAILS

1. Type(s) of vehicle(s) that is (are) intended to be used in the coastal zone. Please note that as a general rule vehicles must be designed for off-road use, e.g. "4x4" or "quad bike".

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2. Registration number(s) of vehicle(s) that is (are) intended to be used in the coastal zone if you are the owner of such vehicle. If you do not own a vehicle and/or you intend to borrow or rent a vehicle you do not need to provide the registration numbers of such vehicle.

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Declaration By Applicant

I hereby confirm that I am fully aware of my responsibilities in terms of Government Notice No. R1399 of 21 December 2001, as amended, and that any failure to comply with it may constitute an offence in terms of the Regulations.

These Regulations are available from the Department of Environmental Affairs and Tourism: Branch Marine and Coastal Management (tel: 021 - 402 3511), or may be downloaded from the website www.deat.gov.za

I, the undersigned, do hereby make oath / affirmation, and declare that the information submitted with and in this application is true, correct, and complete, and that the copies of the documents submitted are true and certified copies of the original documents. I understand that if any information furnished in this application is not true or complete, including providing false documentation, the falsification of any document, the making of any misleading or false statements, or the non-disclosure of material information or information which may materially affect the evaluation of this application, this may disqualify the application or lead to it being refused.

Signature of the applicant	THUS SIGNED IN MY PRESENCE Commissioner of Oaths
Full Name	Full Name
	Designation
	Office
	Address

Signed at (place).....on theday of.....in the year.....

If this application has been prepared or completed by, or on the advice of, any person other than the applicant or an employee of the applicant, then this third party must complete the following as well:

Signature of the third party
.....

Full Name.....

Signed at (place).....on theday of.....in the year.....

NOTE

Your application must either be posted or hand delivered. The application should be addressed to the Department of Environmental Affairs and Tourism

PLEASE DO NOT BIND OR STAPLE THIS FORM TO ANY OTHER DOCUMENTS