



**APPLICATION FOR THE REPLACEMENT OF A VEHICLE ON AN LTS ROUTE**

Route no.: WCE \_\_\_\_\_ Name of contractor: \_\_\_\_\_

Business tel. no.: \_\_\_\_\_ Cell no.: \_\_\_\_\_

Replacement Type:  Permanent – will become the new authorised vehicle for this route.  
 Temporary – Valid for three (3) months from date of approval.

**Instructions:**

1. The replacement vehicle must be a similar vehicle with similar seating capacity to the one being replaced.
2. A valid License and Roadworthy certificate of the replacement vehicle must be submitted with the application. Should the replacement vehicle not be registered in the name of the contractor, a duly signed lease agreement must accompany the application.
3. Contractors are required to email this application form together with supporting documentation, to the Deputy Director: LTS at the WCED Head Office at [ltsvehiclereplace@westerncape.gov.za](mailto:ltsvehiclereplace@westerncape.gov.za). The outcome of this application will be indicated below, and a copy will be sent to the Contractor, Principal and District Office.
4. Approval for the replacement of an LTS vehicle may only be granted by the Head Office of the WCED.

**Please complete the table below:**

CURRENT APPROVED VEHICLE	REPLACEMENT VEHICLE

The reason for this replacement is as follows:

.....

Contractor signature: ..... Date: .....

**For office use:**

Your application for the replacement of the above-mentioned vehicle is:

Approved  Not Approved

Comments:

.....

.....

Signature: .....

Date: .....