**FORM CBP1 (Application Form)**

Road Transport and Safety Agency

**APPLICATION FOR ROAD TRANSPORT CROSS-BORDER PERMIT(S)**

Notes:

1. This application must be signed by the person requiring Cross-Border permit for the vehicle(s) existing on their current Road Service Licence(s), or if made by any Corporate Body or Partnership firm, by a person duly authorised on behalf of such body, or a partnership, as the case may be.
2. All information demanded below must be given in full; it is not sufficient to write "as before" .etc, etc.
   Information may be given on a separate sheet of paper if there is insufficient room on the form.
3. The Cross-Border permit is granted for not more than one year.
4. Applicant must attach copies of their valid Road Service License
5. *Delete as applicable

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

Full name(s) of applicant ……
Identification No. ……. Nationality: ……
Physical Address……...……
Postal Address…… ……
Telephone:……..Mobile Phone Number(s)…….
I hereby apply for Cross – Border permit(s) for the vehicle(s) operating under our Road Service License
No……. Whose Expiry date is ……
The Cross Border Permit being applied for is valid for……Months,
from……to……..To permit operation of service(s) described below.
I hereby declare that to the best of my knowledge and belief, all the information give in this application and annexed statements is true.
Date: ……. Signature of Applicant……
Name of Applicant……
Service(s) and Route(s) Description
a. Type of service(s): ……

b. Route(s) to be used (described):
……
…….. …….
……
……
……

6. The vehicle(s) will operate between Zambia and the following country.
……

7. Fill in details of the motor vehicle(s) you intend to use for the described Service(s) in the attached form Annex 1

**Official Use Only**

The above application is approved /not approved ……

**Date:** ……

**Signature: ……**