AARTO 05 - APPLICATION FOR COMPULSORY REHABILITATION

INSTRUCTIONS FOR COMPLETION OF THE FORM

PART A

a) The habitual infringer whose documents have been cancelled and reapplies for such documents in terms of Regulation 20(5) including a holder of a learners licence whose learners licence has been cancelled and reapplies for it or a drivers licence after expiry of a disqualification period may apply for a compulsory rehabilitation by completion of this form.

b) Proof of payment of fees prescribed in Schedule 2 in terms of Regulation 34(1) and a legible copy of acceptable identification must accompany this application.

c) This form must be properly completed in black ink.

d) The duly completed form may:
- Be submitted at the following website: www.aarto.gov.za; or
- A clearly legible scanned copy of the form may be e-mailed to compulsoryrehab@rtia.co.za; or
- Be handed in at any Issuing Authority for capturing; or
- Be posted by registered mail to the following address: AARTO – Compulsory Rehabilitation, The Road Traffic Infringement Authority, Private Bag X112, Halfway House, 1685.

e) You will be notified of the outcome of your application made within 30 days from date of receipt of this application.

f) If your application is successful, the notification referred to in paragraph (e) above, will contain the information regarding the Rehabilitation Programme to be undertaken as contemplated in Regulation 21 (5)

PART B – PARTICULARS OF AN APPLICANT

Surname:				Gender:	Female	Male
First names:				Tel (home): ( )		
Initials:		Date of birth:	YYYY/ MM / DD	Tel (work): ( )		
ID type:	RSA ID	Passport ID	Driving licence ID	Fax: ( )		
ID number:				Cell:		
Country of issue:				Email:		
Postal address & code:						
						( )
Residential address & code:						
						( )

PART E - DECLARATION BY APPLICANT

I hereby declare that the information provided herein by me, falls within my own personal knowledge and is to the best of my belief both true and correct.

Full signature of applicant holder:		Place:		Date:	YYYY / MM / DD

2019/09/25

AARTO 05a – NOTIFICATION OF RESULTS OF AN APPLICATION FOR COMPULSORY OR VOLUNTARY ATTENDANCE OF A REHABILITATION PROGRAMME

Issued in terms of Regulation 21 (5) of the AARTO Regulations 2020

PERSON PARTICULARS

«Surname»/«Name of organisation»	«Gender»/«Type of organisation»
«First_names»/«Representative name and surname»	Age: «Age»
«Initials»	«Date_of_birth»
«ID_type»	Tel (home): «Home_phone»
«ID_number»	Tel (work): «Business_phone»
Country of issue: «Country_of_issue»	Fax: «Fax_number»
Licence code: «Driving_lic_codes»	Cell: «Cellular»
PrDP code: «PrDP_codes»	«E_mail»
Operator card number: «Operator_Card_number»	

«Street_address_line_1»
«Street_address_line_2»
«Street_address_line_3»
«Street_address_line_4»
«Street_address_line_5» «Street_address_code»

«Post_address_line_1»
«Post_address_line_2»
«Post_address_line_3»
«Post_address_line_4»
«Post_address_line_5» «Post_address_code»

Vehicle owner:« Owner_name»

«Owner_address_line_1» «Owner_address_line_2»
«Owner_address_line_3» «Owner_address_line_4»
«Owner_address_line_5» «Owner_address_code»

RESULT OF COMPULSORY / VOLUNTARY REHABILITATION PROGRAMME

The result of your application made for a voluntary / compulsory attendance of the prescribed rehabilitation programme, was:

«»	Successful:	You are hereby approved to undergo a compulsory prescribed rehabilitation programme as outlined below
«»	Unsuccessful:	Reason for rejection : «C_Reason»
«»	Compulsory:	You are hereby ordered to undergo a compulsory prescribed rehabilitation programme as outlined below

«Rehabilitation Centre Name »	«City»
«Suburb»	«Telephone Number»
«Fax Number »	«email adress»
«Date of Rehabilitation Programme Commencement »	«End Date of Rehabilitation Programme»
«Fees payable for Rehabilitation Programme»	«Physical Adress of Rehabilitation Centre»
«Minumum demerit points reduction upon completion of programme»	«Nature of the programme»

IMPORTANT INFORMATION:

A person who applies to be subjected to a voluntary rehabilitation programme may only do so once after every 12 months.

Certificate number: «Cert_no» Creation date: «Cr_Date» «User Group»

POSTAGE LOGO

REPUBLIC OF SOUTH AFRICA

TO: The Honourable/Prof/Dr/Rev/Mr/Mrs/Ms/Miss

bar code

«Initials» + «Surname»

«Company_ name»

«Post_address_line_1»

«Post_address_line_2»

«Post_address_line_3»

«Post_address_line_4»

«Post_address_line_5»

«Post_address_code»

POSTED CHEQUES AND POSTAL ORDERS ARE NOT ACCEPTABLE
SEE PAYMENT OPTIONS ON SECTION A BELOW

IF UNDELIVERED WITHIN 14 DAYS PLEASE RETURN TO SENDER:

AARTO

Private Bag X112

Halfway House

1685

Date of posting :