



# Heavy Vehicle Specialist Certificate

Must be presented to a Transport Service Delivery Agent  
Heavy Vehicle Specialist Inspector and Inspecting Organisation

Heavy Vehicle Specialist Inspector's Name *(printed name)*

**GEORGE BARBOUR**

ID

**GRB4**

Vehicle Registration\*

VIN / Chassis Number

**7 A 9 E 2 0 0 1 9 D 1 0 2 3 1 2 5**

Component being certified:



Chassis Modification

Load Anchorage

Log Bolsters

Towing Connection

Brakes

SRT

PSV Stability

PSV Rollover

Swept Path

Certification Category

**HVEC**

PBS

Description of Work

**NEW CURTAINSIDER CHASSIS MANUFACTURED AND ASSEMBLED BY  
DOMETTS.**

Code/Standard Certified to

**RULE 31002**

Component Load Rating(s)

**CHASSIS GVM 32,000kg**

General Drawing Number(s)

**2089-39**

**C-E2001-SL**

**AXLE RATING 9,000kg**

**SUSPENSION RATING 9,000kg**

Supporting Documents

**MATRIX CALCULATIONS 4-CSM-008 AND ATTACHED ON FILE 1943-13**

\*Special Conditions

THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT THE TIME OF CERTIFICATION ONLY AND DOES NOT OFFER OR IMPLY ANY GUARANTEE OR WARRANTY WITH RESPECT TO THE WORK CERTIFIED OR ANY OTHER ASPECT OF THIS VEHICLE. COMPONENT/VEHICLE IS TO BE RE-INSPECTED BY A LAND TRANSPORT NZ APPROVED HEAVY VEHICLE SPECIALIST CERTIFIER ON OR BEFORE THE CERTIFICATION EXPIRY DATE STATED. THIS CERTIFICATION IS NULL & VOID IF VEHICLE/COMPONENT IS SUBSEQUENTLY MODIFIED, ACCIDENT DAMAGED, OR RE-CERTIFIED.

Certification Expiry Date *(if applicable)*

**28-06-2023**

or

Hubodometer Reading *(whenever completed)*

## Declaration

I hereby declare that I am the Heavy Vehicle Specialist Inspector identified above and I hold a current valid registration. I certify that the above mentioned vehicle component has been manufactured and installed, and this certification complies in all respects with the Land Transport Rule Vehicle Standards Compliance 2002 and my Deed of Appointment. To the best of my knowledge the information provided in this Certificate is true and correct.

Designer's ID *(if certified by a manufacturer)*

Inspector's / Delegate's Signature

\*Delegate's/Inspector's Name *(printed name)*

ID number

Date

**28-06-2013**

Number

**438529**

COI Vehicle Registration

COI Vehicle Inspector Signature

Date

All fields excluding those marked with \* must be completed before this certificate can be accepted.