



Heavy Vehicle Specialist Certificate

Must be presented to a Transport Safety Officer or a Heavy Vehicle Specialist Inspector and Inspector's Name for

Inspector's Name: _____

GEORGE BARBOUR

GRB4

Vehicle Number: _____

VIN / Chassis Number:

7 A 9 E 3 8 1 1 1 D 1 0 2 3 1 5 9

Component being certified:

- Chassis Modification
- Load Anchorage
- Hoist Bolsters
- Towing Connection
- Brakes
- Tyres
- PSV Stability
- PSV Rollover
- Trip Path
- PBS

Certification Category:

HVEC

Description of Work:

**NEW TIPOVER CHASSIS, HOIST MOUNTS AND BIN PIVOTS
MANUFACTURED AND ASSEMBLED BY DOMETTS.**

Code/Standard Certified to:

RULE 31002

Component Load Rating(s)

CHASSIS GVM 35,000kg

General Drawing Number(s)

3004-18

AXLES RATED 9,000kg

SUSPENSION RATED 9,000kg

Supporting Documents

**MATRIX STANDARD CALCULATIONS 4-CSM-008 AND CALCULATIONS
ATTACHED ON FILE 1943-42**

*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: _____

05-09-2023

or Hubodometer Reading (to nearest _____)

Declaration

I, the undersigned, declare that I am the Heavy Vehicle Specialist Inspector identified above and I hold a current valid appointment. I certify that the above mentioned vehicle component's design, manufacture and installation, and this certification comply in all respects with the Land Transport Rule Vehicle Standards Compliance 2002 and my Decree of Appointment. To the best of my knowledge, the information contained in this Certificate is true and correct.

Designer's ID # (certified by manufacturer): _____

Inspector's / Delegate's Signature

*Delegate's/Inspector's Name: _____ ID Number: _____

Date: _____ Number: _____

05-09-2013

442814

For use by the Designer: _____ For use by the Inspector: _____

When completing these forms, you must be completely satisfied with the work before this certificate is issued.