



# 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 *(must be typed)*

**GEORGE BARBOUR**

ID

**GRB4**

Vehicle Registration\*

VIN / Chassis Number

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

Component being certified:

Chassis Modification

Load Anchorage

Log Bolsters



Towing Connection

Brakes

SRT

Certification Category

PSV Stability

PSV Rollover

Swept Path

**HVET**

PBS

Description of Work

**NEW DRAWBAR MANUFACTURED AND FITTED BY DOMETTS.**

Code/Standard Certified to

**NZS 5446**

Component Load Rating(s)

**MTM 32,000kg**

General Drawing Number(s)

**3000-15**

**C-E2001-SL**

Supporting Documents

**MATRIX CALCULATIONS 4-DBR-021 AND CALCULATIONS ATTACHED ON FILE  
1943-27**

\*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 *(must be typed)*

**02-08-2023**

or

Hubodometer Reading *(whichever comes first)*

## Declaration

I, the undersigned, declare that I am the Heavy Vehicle Specialist Inspector mentioned above and I hold a current valid appointment to certify that the above mentioned vehicle component is correctly manufactured and installation, and this installation complies in all respects with the Land Transport Rule (Vehicle Structure Compliance) 2002 and my Deed of Appointment. To the best of my knowledge the information contained in this Certificate is true and correct.

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

Inspector's / Delegate's Signature

\*Delegate's/Inspector's Name *(must be typed)*

ID number

Date

**02-08-2013**

Number

**438594**

COF (Approval) Signature

COF Vehicle Inspector Signature

Date

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