



# 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 (as per licence)

**WAYNE COOPER**

ID

**WC**

Vehicle Registration\*

VIN / Chassis Number

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

Component being certified:



Chassis Modification

Load Anchorage

Log Bolsters

Towing Connection

Brakes

SRT

Certification Category

PSV Stability

PSV Rollover

Swept Path

**HVEC**

PBS

Description of Work

**NEW BULK ALLOY TIPPER CHASSIS, HOIST MOUNTS AND BIN PIVOTS  
MANUFACTURED AND ASSEMBLED BY DOMETTS.**

Code/Standard Certified to

**RULE 31002**

Component Load Rating(s)

**CHASSIS GVM 30,000kg**

General Drawing Number(s)

**3011-43**

**E3501- 2010**

**AXLE RATING 10,454kg**

**SUSPENSION RATING 10,454kg**

Supporting Documents

**MATRIX CALCULATIONS 4-CSM-008, 4-LAS-024 AND 4-CSM-009B**

\*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)

**31-10-2023**

or

Hubodometer Reading (if applicable)

## 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 complies in all respects with the Land Transport Rule Vehicle Standards Compliance 2002 and my Declaration of Appointment. To the best of my knowledge the information contained in this Certificate is true and correct.

Designer's ID (if certified by manufacturer)

Inspector's / Delegate's Signature

\*Delegate's/Inspector's Name (if applicable)

ID number

Date

**31-10-2013**

Number

**447632**

COPY THIS TO: (see page 2)

ORIGINATOR: Inspector Signature

Date

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