

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 or Manufacturing Inspecting Organisation's Name (PRINT IN CAPS) **WAYNE COOPER** ID **WC**

Vehicle Registration _____ VIN/Chassis Number **7 A 9 E 2 5 0 1 X E 1 0 2 3 2 2 8**

Component being certified: Chassis Modification Load Anchorage Log Bolsters
 Towing Connection Brakes SRT
 Certification Category **HVEA** PSV Stability PSV Rollover Swept Path
 PBS

Description of Work
**NEW DECK MANUFACTURED AND FITTED BY DOMETTS.
 COAMING RAIL: RATED FOR 5 X 5000kg J-HOOKS PER SIDE
 INTERNAL CRATE PLATES: RATED FOR 5 X 6000kg ANCHORAGES PER SIDE
 25 NB PIPE @ 100mm POCKETS: 28 PER SIDE RATED @ 2500kg EACH.**

Code/Standard/Rule Certified to **NZS 5444** Component Load Rating(s) **PAYLOAD 26,000kg**
 General Drawing Number(s) **3039-33**

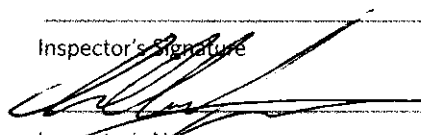
Supporting Documents
MATRIX CALCULATIONS 4-LAS-033, 4-LAS-023 AND FILE 3005-05

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.

Certification Expiry Date (if applicable) **07-03-2024** **OR** Hubodometer Reading (whichever comes first) _____

Declaration

I the undersigned, declare that I am the Heavy Vehicle Specialist Inspector identified 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 Appointment. To the best of my knowledge the information contained in the Certificate is true and correct.

Designer's ID (if different from inspector below) _____
 Inspector's Signature 
 Inspector's Name (PRINT IN CAPS) _____ ID Number _____
 Date **07-03-2014** Number **464967**

CoF Vehicle Inspector ID _____ CoF Vehicle Inspector Signature _____ Date _____

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