

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) **WAYNE COOPER** ID **WC**

Vehicle Registration: _____ VIN/Chassis Number: **7 A 9 E 1 0 0 1 X E 1 0 2 3 2 4 9**

Component being certified:	Chassis Modification	Load Anchorage	Log Bolsters
	<input checked="" type="checkbox"/> Towing Connection	Brakes	SRT
Certification Standard:	PSV Stability	PSV Rollover	Swept Path
HVET	PBS		

Description of Work:
NEW DRAWBAR MANUFACTURED AND FITTED BY DOMETTS.

Code/Standard/Rule Certified to	Component Load Rating(s)
NZS 5446	MTM 30,000kg
General Drawing Number(s)	LENGTH 2800mm
3067-04 DSA01213-F-2800	COUPLING D-Value (minimum) 140kN

Supporting Documents:
MATRIX CALCULATIONS 4-DBR-020

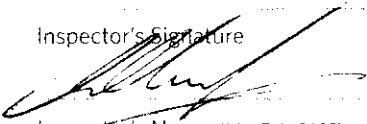
Special Conditions*
THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT THE TIME OF CERTIFICATION ONLY AND DOES NOT OFFER OR IMPLY ANY GUARANTEE OR WARRANTY WITH RESPECT TO THE WORK CERTIFIED OR ANY OTHER ASPECT OF THIS VEHICLE. COMPONENT/VEHICLE IS TO BE RE-INSPECTED BY A LAND TRANSPORT NZ APPROVED HEAVY 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) **20-06-2024** 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: **20-06-2014** Number: **473462**

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

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