

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 C 2 0 0 3 3 E 1 0 2 3 2 6 1**

Component being certified:

<input type="checkbox"/>	Chassis Modification	<input type="checkbox"/>	Load Anchorage	<input type="checkbox"/>	Log Bolsters
<input checked="" type="checkbox"/>	Towing Connection	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	SRT
<input type="checkbox"/>	PSV Stability	<input type="checkbox"/>	PSV Rollover	<input type="checkbox"/>	Swept Path
<input type="checkbox"/>	PBS				

Certification Category
HVET

Description of Work
NEW FIFTHWHEEL MOUNT MANUFACTURED AND FITTED BY DOMETT 3.

Code/Standard/Rule Certified to
NZS 5450

General Drawing Number(s)
3056-38

Component Load Rating(s)
MTM 26,000kg
VERTICAL 10,000kg

Supporting Documents
CALCULATIONS ATTACHED ON FILE 1970-21 AND 1943-11

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.

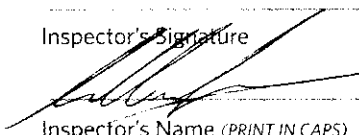
Certification Expiry Date *(if applicable)*
07-06-2024

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 **07-06-2014** Number **473410**

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

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