

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 *(with initials)*: **WAYNE COOPER** ID: **WC**

Vehicle Registration: _____ VIN/Chassis Number: **7 | A | 9 | E | 3 | 5 | 0 | 1 | 9 | E | 1 | 0 | 2 | 3 | 2 | 6 | 5**

Component being certified:

<input checked="" type="checkbox"/>	Chassis Modification	<input type="checkbox"/>	Load Anchorage	<input type="checkbox"/>	Log Bolsters
<input 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:
HVEC

Description of Work:
NEW BULK ALLOY TIPPER CHASSIS, HOIST MOUNTS AND BIN PIVOTS MANUFACTURED AND ASSEMBLED BY DOMETTS.

Code/Standard/Rule Certified to: RULE 31002	Component Load Rating(s): CHASSIS GVM 32,000kg
General Drawing Number(s): 3058-48	AXLE RATING 8,000kg
	SUSPENSION RATING 8,000kg

Supporting Documents:
MATRIX CALCULATIONS 4-CSM-008, 4-LAS-024 AND 4-CSM-041

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.

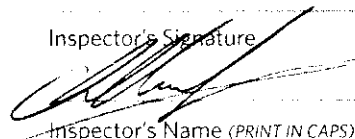
Certification Expiry Date *(if applicable)*: **19-06-2024** **or** Hubodometer Reading *(whichever comes first)*: _____

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: **19-06-2014**

Number: **473458**

CoF Vehicle Inspector ID: _____

CoF Vehicle Inspector Signature: _____

Date: _____

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