

New Zealand Government

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 WC		
Vehicle Registration*	Company of the last of the las	sis Number	lo lo	lo le la	lala	lal	0 7 0	
Component being certified:		9 C 1 5	0 3	8 E 1 oad Anchorag			2 7 2 og Bolsters	
	Towi	Towing Connection Brakes				SRT		
Certification Category HVEC	PSV :	Stability	P	SV Rollover		S	wept Path	
Description of Work								
NEW FRONT B-TRAIN CONDETTS.		NOFACTO	JKED	AND AS	DOEIVI	DLED	ЛВТ	
Code/Standard/Rule Certified to			nent Load F					
RULE 31002		GVM 33,000kg						
General Drawing Number(s)	AXLE RATING 8,000kg							
3090-33 Supporting Documents		SU	PENS	ION RAT	TING 8	3,000k	g	
CALCULATIONS ATTACH Special Conditions* THIS CERTIFICATE IS A STATEMENT OF COMPLIA WARRANTY WITH RESPECT TO THE WORK CERT LAND TRANSPORT NZ APPROVED HEAVY VEHICL	ANCE AT THE TIME OF (TIFIED OR ANY OTHER) LE SPECIALIST CERTIF	CERTIFICATION ONLY ASPECT OF THIS VEHIER ON OR BEFORE	HCLE. COMP	PONENT/VEHICL	E IS TO BE	RE-INSPE	CTED BY A	
CERTIFICATION IS NULL & VOID IF VEHICLE/COM Certification Expiry Date (if applicable)	PONENT IS SUBSEQUE			ing (whichever co				
19-09-2024		or Hubodon			ines first)			
Declaration		Designer's ID (if different from inspector below)						
the undersigned, declare that I am the Heavy inspector identified and I hold a current valicertify that the above mentioned vehicle commanufacture and installation, and this certification.	d appointment. I apponent's design, fication complies	all	Inspector's stature					
n all respects with the Land Transport Rule: \ Compliance 2002 and my Appointment. To knowledge the information contained in the C and correct.	the best of my	Inspector Date	's Name (P	PRINT IN CAPS)	umber		O Number	
		F-State of the state of the sta	09-201			238	9	
CoF Vehicle Inspector ID	CoF Vehicle Ir	nspector Signature		Date				
All fields excluding those r	marked with * must	be completed befo	ore this ce	rtificate can b	e accepto	ed.		

Form ID

LT400

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