

Heavy Vehicle Specialist Certificate

Must be presented to a CoF (Heavy) Inspecting Organisation
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 2 5 F 1 0 2 3 3 4 9**

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 REAR B-TRAIN CHASSIS MANUFACTURED AND ASSEMBLED BY DOMETTS.

Code/Standard/Rule Certified to RULE 31002	Component Load Rating(s) CHASSIS RATING 26,000kg
General Drawing Number(s) 3144-25 C-C2002	AXLE RATING 8,000kg
	SUPENSION RATING 8,000kg

Supporting Documents
CALCULATIONS ATTACHED ON FILE 1943-11A

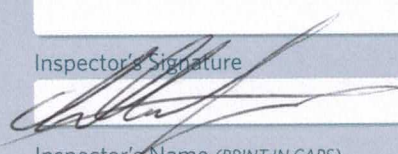
Special Conditions*
THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT THE TIME OF CERTIFICATION ONLY AND DOES NOT OFFER OR IMPLY ANY GUARANTEE OR WARRANTY WITH RESPECT TO THE WORK CERTIFIED OR ANY OTHER ASPECT OF THIS VEHICLE. COMPONENT/VEHICLE IS TO BE RE-INSPECTED BY A LAND TRANSPORT NZ APPROVED HEAVY 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) **04-03-2025** 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 **04-03-2015** Number **501290**

CoF Vehicle Inspector ID _____	CoF Vehicle Inspector Signature _____	Date _____
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All fields excluding those marked with * must be completed before this certificate can be accepted.