

# 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 E 2 5 0 1 8 F 1 0 2 3 4 0 7**

Component being certified:

<input type="checkbox"/> Chassis	<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 DRAWBAR MANUFACTURED AND FITTED BY DOMETTS.**

Code/Standard/Rule Certified to **NZS 5446** Component Load Rating(s) **MTM 32,000kg**

General Drawing Number(s) **3178-11 T-TL** **LENGTH:2305mm**  
**COUPLING D VALUE (MIN) 144kN**

Supporting Documents  
**PROMECH CALCULATIONS 4-DBR-026 REV A (1943-10).**

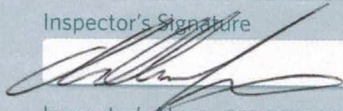
Special Conditions\*  
THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT THE TIME OF CERTIFICATION ONLY AND DOES NOT OFFER OR IMPLY ANY GUARANTEE OR WARRANTY WITH RESPECT TO THE WORK CERTIFIED OR ANY OTHER ASPECT OF THIS VEHICLE. COMPONENT/VEHICLE IS TO BE RE-INSPECTED BY A LAND TRANSPORT NZ APPROVED 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)* **26-08-2025** 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 **26-08-2015** Number **520557**

CoF Vehicle Inspector ID CoF Vehicle Inspector Signature Date

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