

# 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 D 5 0 0 2 5 G 1 0 2 3 4 9 3**

Component being certified:



Chassis



Load Anchorage



Log Bolsters



Towing Connection



Brakes



SRT



PSV Stability



PSV Rollover



Swept Path



PBS

Certification Category

**HVEC**

Description of Work

**NEW CHASSIS MANUFACTURED AND ASSEMBLED BY DOMETTS.**

Code/Standard/Rule Certified to

**RULE 31002**

Component Load Rating(s)

**CHASSIS GVM 42,000kg**

General Drawing Number(s)

**3203-46**

**AXLE RATING 9,000kg**

**SUSPENSION RATING 9,000kg**

Supporting Documents

**CALUCULATIONS ATTACHED ON FILE 3005-18 AND GENERAL ENGINEERING PRACTICE.**

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)*

**08-04-2026**

or

Hubodometer Reading *(whichever comes first)*

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## 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

Number

**08-04-2016**

**541989**

CoF Vehicle Inspector ID

CoF Vehicle Inspector Signature

Date

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