

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

**CERTIFICATION FOR THE COMPLIANCE OF THE REAR STEERING AXLE
 WITH SECTION 4.2(11)(a) OF RULE 41001(VDM 2002)
 I.E. +/- 15 DEGREES**

Code/Standard/Rule Certified to

VDM 2002 RULE 41001

Component Load Rating(s)

AXLE RATING 9,000kg

General Drawing Number(s)

3203-49

Supporting Documents

MANUFACTURERS SPECIFICATIONS 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)

□ □ □ □ □ □ □ □

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

08-04-2016

Number

541992

CoF Vehicle Inspector ID

□ □ □ □ □ □ □ □

CoF Vehicle Inspector Signature

□ □ □ □ □ □ □ □

Date

□ □ □ □ □ □ □ □

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