

New Zealand Government

Heavy vehicle specialist certificate

Must be presented to a CoF (heavy) inspecting organisation Heavy vehicle specialist inspector and inspecting organisation

Version No. 06/16

Heavy vehicle specialist inspector's or manufacturing inspecting organisation's name (PRINT IN CAPS) WAYNE COOPER UC			
Vehicle registration (optional)	VIN/chassis number 7 A 9 E 2	0 0 1 8 G 1	0 2 3 5 3 9
Make 2016 DOMETT	Component being certification	fied: Chassis	√ Load anchorage
Model (optional) E2001	Log bolsters	Towing connecti	on Brakes
Certification category HVEA	SRT Swept path	PSV stability PBS	PSV rollover
Description of work			
NEW DECK MANUFACTURED AND FITTED BY DOMETTS: 25mm PIPE @ CROSSMEMBERS: 25 PER SIDE RATED @ 2500kg EACH 12mm CHAIN PLATES: 25 PER SIDE RATED @ 6000kg EACH 10mm KEYHOLE PLATES: 2 PER SIDE RATED FOR MEZZANINE SUPPORT			
Code/standard/rule certified to NZS 5444	Co	mponent load rating(s) PAYLOAD 26,00	0kg
General drawing number(s) 3229-15 L-RR 8	L-C	<u> </u>	
PROMECH CALCULATIONS 4-LAS-023 (Tie Rail), 4-LAS-021 (Chain Slots) AND NZS5444 Special conditions (antional) 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) 03-10-2026	or Hub	podometer reading (whichever con	mes first)
Declaration	Des	signer's ID (if different from inspector	below)
I the undersigned, declare that I am the heavy vehicle inspector identified and I hold a current valid appropriate that the above mentioned vehicle component manufacture and installation, and this certification in all respects with the Land Transport Rule: Vehicle Compliance 2002 and my appointment. To the b knowledge the information contained in the certificant correct.	ointment. I Institute of the complies of the comples of the complex of the comple	pector's signature pector's name (PRINT IN CAPS) te 03-10-2016	ID number umber 567153
	CoF vehicle inspector sign		
All fields are mandatory unless otherwise stated.			

Form ID

LT400