

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 (optional) VIN/chassis number **7 A 9 C 5 0 0 2 X G 1 0 2 3 5 5 1**

Make **2016 DOMETT** Component being certified: Chassis Load anchorage
 Model (optional) **C5002** Log bolsters Towing connection Brakes
 Certification category **HVET** SRT PSV stability PSV rollover
 Swept path PBS

Description of work
NEW KINGPIN MOUNT MANUFACTURED AND FITTED BY DOMETTS.

Code/standard/rule certified to **NZS 5451** Component load rating(s) **MTM 25,000kg**
VERTICAL 5,000kg
 General drawing number(s) **3237-28 C5002-2016**

Supporting documents
CALCULATIONS ATTACHED ON FILE 3168-22.

Special conditions (optional)
 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) **07-12-2026** 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 **07-12-2016** Number **576156**

CoF vehicle inspector ID CoF vehicle inspector signature Date

All fields are mandatory unless otherwise stated.