

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 in	specting organisation	WC	
Vehicle registration (optional)	VIN/chassis number 7 A 9 E	2 0 0 1 6 H	1 0 2 3 6 6 8
Make 2017 DOMETT	Component being co	ertified: Chassis	√ Load anchorage
Model (optional) E2001-PH	Log bolsters	Towing conne	
Certification category HVEA	SRT Swept path	PSV stability PBS	PSV rollover
Description of work			
NEW DECK MANUFACTURE 25mm PIPE @ CROSSMEMB 12mm CHAIN PLATES: 13 PE	ERS: 26 PE	R SIDE RATED @	2500kg EACH
Code/standard/rule certified to NZS 5444		Component load rating(s) PAYLOAD 26,5	00kg
General drawing number(s) 3276-44			
PROMECH CALCULATIONS 4- NZS5444 Special conditions (optional) THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT WARRANTY WITH RESPECT TO THE WORK CERTIFIED OF LAND TRANSPORT NZ APPROVED HEAVY VEHICLE SPECCERTIFICATION IS NULL & VOID IF VEHICLE/COMPONENT	THE TIME OF CERTIFIC/ R ANY OTHER ASPECT (CIALIST CERTIFIER ON O	ATION ONLY AND DOES NOT OFFE OF THIS VEHICLE. COMPONENTIVE R BEFORE THE CERTIFICATION EX	R OR IMPLY ANY GUARANTEE OR HICLE IS TO BE RE-INSPECTED BY A KPIRY DATE STATED. THIS
Certification expiry date (if applicable) 03-10-2027	or	Hubodometer reading (whichev	er comes first)
Declaration		Designer'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 apportentially 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 beknowledge the information contained in the certification and correct.	intment. I t's design, complies Standards est of my	Inspector's signature Inspector's name (PRINT IN CAP WAYNE COOPE Date 03-10-2017	the state of the s
	CoF vehicle inspector	signature C	pate

Form ID

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