

Heavy Vehicle Specialist Certificate

Heavy Vehicle Specialist Inspector and Inspecting Organisation

Heavy Vehicle Specialist Inspector's Name (PRINT IN CAPS) GEORGE BARBOUR											GRB4						
Vehicle Registration*	/ehicle Registration* VIN / Chassis Number																
P310W	7	A	9	D	3 1	0	1	3	9	0 (0	2	3	8	5	8	
Component being certified:		Ch	assis	Modif	ication		1	oad .	Ancho	rage				Log	Bolst	ters	
Certification Category HVET	1	Brakes SRT															
Description of Work																	
CERTIFICATION FOR TOWEYE REPLACEMENT ONLY.																	
Code/Standard Certified to VEHICLE REPAIR 1998 RULE 34001					Component Load Rating(s) NO CHANGE												
General Drawing Number(s)																	
1896-25 Supporting Documents																	
MANUFACTURERS SPECIFICATIONS AND NZS5446.																	
WAITO ACTORERS OF ESTITIONS AND NESSTAS.																	
*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)		Hubodometer Reading (whichever comes first)															
NO CHANGE Or Hubodometer Reading (whichever comes first)																	
Declaration I the undersigned, declare that I am the Heavy Vehicle Specialist Inspector identified above and I hold a current valid appointment. I certify that the above mentioned vehicle component's design, manufacture and installation, and this					Designer's ID (if certified by a manufacturer)												
					Inspector's / Delegate's Signazore												
certification complies in all respects with the Land Transport Rule Vehicle Standards Compliance 2002 and my Deed of Appointment. To the best of my knowledge the information						*Delegate's Name (PRINT IN CAPS)											
						Date Number											
contained in this Certificate is true and correct,					21-01-2011						362283						
COF Vehicle Inspector ID:	COF Ve	ehicle	e Insp	ector	Signatu	re:			Da	te							
All Marianes																	

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