

Heavy vehicle specialist inspector's or manufacturing inspecting organisation's name *(PRINT IN CAPS)* **GEORGE BARBOUR** ID **GRB4**

Vehicle registration *(optional)* VIN/chassis number
7 A 9 E 2 0 0 1 X L 1 0 2 3 9 7 3

Make **2020 DOMETT** Component being certified: Chassis Load anchorage

Model *(optional)* **E2001 PH** Log bolsters Towing connection Brakes

Certification category **HVET** SRT PSV stability PSV rollover
 Swept path PBS

Description of work
NEW DRAWBAR MANUFACTURED AND FITTED BY DOMETT.

Code/standard/rule certified to **NZS 5446:2007** Component load rating(s) **MTM 33,000kg**

General drawing number(s) **6234-02 DSA01211-D** **LENGTH: 1905mm**
COUPLING D VALUE (MIN) 147kN

Supporting documents
PROMECH CALCULATIONS 4-DBR-021.

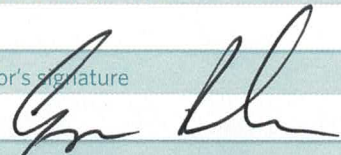
Special conditions *(optional)*
 THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT THE TIME OF CERTIFICATION ONLY AND DOES NOT OFFER OR IMPLY ANY GUARANTEE OR WARRANTY WITH RESPECT TO THE WORK CERTIFIED OR ANY OTHER ASPECT OF THIS VEHICLE. COMPONENT/VEHICLE IS TO BE RE-INSPECTED BY AN NZTA APPROVED HEAVY 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)* **31-07-2030** 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)* **GEORGE BARBOUR** ID number **G R B 4**

Date **31-07-2020** Number **754054**

CoF vehicle inspector ID *(if applicable)* CoF vehicle inspector signature *(if applicable)* Date

All fields are mandatory unless otherwise stated.