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#6  
L. Bennett Coy



NZ TRANSPORT AGENCY  
WAKA KOTAHU

# Heavy Vehicle Specialist Certificate

Heavy Vehicle Specialist Inspector and Inspecting Organisation

Heavy Vehicle Specialist Inspector's Name (PRINT IN CAPS)  
**STEPHEN GREGORY**

ID  
**SIG**

Vehicle Registration\*  
**2296 G**

VIN/ Chassis Number  
**7 A 8 5 N 0 J 0 2 9 7 2 2 2 8 4 1**

Component being certified:

<input checked="" type="checkbox"/> Chassis Modification	<input type="checkbox"/> Load Anchorage	<input type="checkbox"/> Log Bolsters
<input type="checkbox"/> Towing Connection	<input type="checkbox"/> Brakes	<input type="checkbox"/> SRT

Certification Category  
**HVEC**

Description of Work  
**VEHICLE : 1997 EVANS 4AXLE FULL MILK TANKER TRAILER**  
CERTIFICATION OF SUSPENSION AND AXLE REPLACEMENT ON 3RD & 4TH AXLES ONLY, AND ALSO BALL RACE CROSS MEMBER REPLACEMENT.  
CERTIFICATION OF FRONT SUSPENSION, AXLES, DOLLY REPLACEMENT AND ALL BRAKES ARRANGED BY DOMETT TRAILERS & NICKEL ENGINEERING.  
NEW SUSPENSION - ROR FL9000, NEW AXLES - MERITOR T9008/KMX

Code/Standard Certified to:  
**LTNZ RULE 31002**

Component Load Rating(s)  
**AS PER STANDARD OEM EXCEPT;  
FRONT GROUP 16,000kg  
REAR GROUP 16,000kg**

General Drawing Number(s)  
**TTS 1766**

Supporting Documents  
**PDS AND FILE NOTE  
REF: 330015**

Special Conditions  
**BRAKE CERTIFICATION REQUIRED FOR NEW ZEALAND USE / COMPLIANCE.**

Certification Expiry Date (if applicable)  
**NOT APPLICABLE**

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 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 contained in this Certificate is true and correct.

Designer's ID (if certified by a manufacturer)

Inspector's / Delegate's Signature

Delegate's Name (PRINT IN CAPS)

Date  
**17/9/2007**

Number  
**330015**

COF Vehicle Inspector ID:

COF Vehicle Inspector Signature:

Date

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