

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 C 2 0 0 3 1 L 2 0 2 3 0 2 4**

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

Model (optional) **C2003 P** Log bolsters Towing connection Brakes

Certification category **HVET** SRT PSV stability PSV rollover

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

Code/standard/rule certified to **NZS 5451:1989** Component load rating(s) **MTM 56,000kg**

General drawing number(s) **6316-02** **VERTICAL 16,000kg**

Supporting documents
PROMECH CALCULATIONS ATTACHED ON FILE 3168-101.

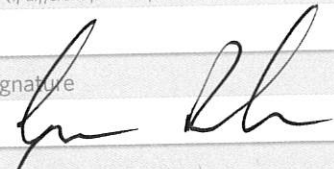
Special conditions (optional)
THIS CERTIFICATE IS A STATEMENT OF COMPLIANCE AT THE TIME OF CERTIFICATION ONLY AND DOES NOT OFFER OR IMPLY ANY GUARANTEE OR WARRANTY WITH RESPECT TO THE WORK CERTIFIED OR ANY OTHER ASPECT OF THIS VEHICLE. COMPONENT/VEHICLE IS TO BE RE-INSPECTED BY AN NZTA APPROVED HEAVY 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) **04-12-2030** 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 **04-12-2020** Number **763194**

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

All fields are mandatory unless otherwise stated.