

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

GEORGE BARBOUR **GRB4**

Vehicle registration *(optional)* VIN/chassis number

2020 DOMETT **7 A 9 D 3 0 0 1 7 L 2 0 2 3 0 1 3**

Make Component being certified:

2020 DOMETT Chassis Load anchorage

Model *(optional)* Log bolsters Towing connection Brakes

D3001 P SRT PSV stability PSV rollover

Certification category Swept path PBS

HVEA

Description of work

**NEW DECK MANUFACTURED AND FITTED BY DOMETT.
25NB PIPE @ DROPPER: 17 PER SIDE RATED @ 2500kg EACH.
12mm KEYHOLE PLATES: 2 @ REAR RATED @ 6000kg EACH.
12mm CHAIN PLATES: 9 PER SIDE RATED @ 6000kg EACH.
BODY LOCK FITTED @ FRONT.**

Code/standard/rule certified to Component load rating(s)

NZS 5444:2005 **PAYLOAD 22,000kg**

General drawing number(s)

6306-03

Supporting documents

PROMECH CALCULATIONS 4-LAS-016, 4-LAS-020, 4-LAS-032, AND 4-LAS-061.

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.

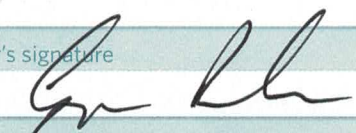
Certification expiry date *(if applicable)* or Hubodometer reading *(whichever comes first)*

N/A

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)* ID number

GEORGE BARBOUR **G R B 4**

Date Number

17-11-2020 **763165**

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

All fields are mandatory unless otherwise stated.