**WAKA KOTAHI**
NZ TRANSPORT AGENCY

# Heavy vehicle specialist certificate
Must be presented to a CoF (heavy) inspecting organisation if not entered into LANDATA

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

**WILLIAM SINCLAIR**

ID **SWI**

Plate number *(optional)*

VIN/chassis number

# 7A9E20010P2023335

Make **DOMETT**

Model *(optional)* **E2001 PH**

Certification category **HVEK**

Component being certified:

| | | |
|---|---|---|
| ☐ Log bolsters | ☐ Chassis | ☐ Load anchorage |
| ☐ SRT | ☐ Towing connection | ☒ Brakes |
| ☐ Swept path | ☐ PSV stability | ☐ PSV rollover |
| | ☐ PBS | |

Description of work

CERTIFY TO SCHEDULE 5 OF LTR 32015: NZ HEAVY VEHICLE BRAKE SPECIFICATION.

CARRY OUT BRAKE CALCULATIONS, INSPECTION AND ECU END OF LINE PROTOCOL.

5AFT CURTAINSIDE          **RSS ON TYRE:** 265 70 R19.5

FOR SYSTEM ARCHITECTURE, PLEASE REFER TO PDS WORKSHEET & SCHEMATIC.

**REASON FOR CERTIFICATION:**     NEW TRAILER BUILD

Code/standard/rule certified to

LTR 32015

General drawing number(s)

N/A

Component load rating(s)

32 Tonnes GVM

16 Tonne (Front brake mass)

19 Tonne (Rear brake mass)

Supporting documents

| BRAKE RULE CERTIFICATE | JH230813 |
| BRAKE CALCULATION # | TP52261 |

Special conditions *(optional)*

WARNING LAMP MUST ILLUMINATE WHEN IGNITION IS SWITCHED ON & THEN

EXTINGUISH IMMEDIATELY OR WHEN VEHICLE SPEED EXCEEDS 7 KM/H

Certification expiry date *(if applicable)*

N/A [UNLESS MODIFIED]

**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)*

**JOHN HIRST**     **J E H**

Inspector's signature

Inspector's name *(PRINT IN CAPS)*

W. SINCLAIR.

ID number

S W I

Date **22-Aug-23**

Number

**880889**

CoF vehicle inspector ID *(if applicable)*

CoF vehicle inspector signature *(if applicable)*

Date

**All fields are mandatory unless otherwise stated.**