

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)*
GEORGE BARBOUR ID **GRB4**

Plate number *(optional)*
VIN/chassis number
7 A 9 C 2 0 0 3 5 P 2 0 2 3 3 3 8

Make **2023 DOMETT** Component being certified: Chassis Load anchorage

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

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

Description of work
NEW FIFTHWHEEL MOUNT MANUFACTURED AND FITTED BY DOMETT TRUCK AND TRAILER.

Code/standard/rule certified to **NZS 5450:1989** Component load rating(s) **MTM 29,000kg**

General drawing number(s) **6602-26-03** **VERTICAL 9,000kg**

Supporting documents
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, OPERATED ILLEGALLY, ACCIDENT DAMAGED, OR RE-CERTIFIED.

Certification expiry date *(if applicable)* **12-09-2033** 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 **12-09-2023** Number **878262**

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

All fields are mandatory unless otherwise stated.

