

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                             | Full Business contact details<br>_____<br>_____                                                                                                                                 | PDS #: _____<br>LT400 #: _____<br>Branch: _____<br>Fleet #: _____                                                                                                                         |
| PROCEDURE DOCUMENT SHEET - PDS                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Client / Owner: _____                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone: _____                                                                                                                                                                    |                                                                                                                                                                                           |
| Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Email: _____                                                                                                                                                                    |                                                                                                                                                                                           |
| TSL Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mobile: _____                                                                                                                                                                   |                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Make: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Model: _____                                                                                                                                                                    | Hubo: [ ] [ ] [ ] [ ] [ ] [ ] [ ] km                                                                                                                                                      |
| VIN: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                 | Reg #: _____                                                                                                                                                                              |
| GVM: _____ kg                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TARE: _____ kg                                                                                                                                                                  | GCM: _____ kg                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 | MTM: _____ kg                                                                                                                                                                             |
| <b>Certification Description:</b><br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Initial Inspection: _____                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Second Inspection: _____                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Final Inspection: _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                                           |
| <b>Rule(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                           |
| <input type="checkbox"/> Heavy Vehicle - 31002<br><input type="checkbox"/> Heavy Vehicle Brake - 32015<br><input type="checkbox"/> Vehicle Dimensions & Mass - 41001                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Vehicle Repair - 34001<br><input type="checkbox"/> Passenger Service Vehicle - 31001<br><input type="checkbox"/> Seatbelt & Seatbelt Anchorage - 32011 | <input type="checkbox"/> Seat & Seat Anchorage - 32004<br><input type="checkbox"/> ADR<br><input type="checkbox"/> UN/ECE                                                                 |
| <b>Standard(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |                                                                                                                                                                                           |
| <input type="checkbox"/> NZS 5446 - Drawbar / Drawbeams<br><input type="checkbox"/> NZS 5467 - Light Towbars<br><input type="checkbox"/> NZS 5450 - Fifth Wheels                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> NZS5451 - Kingpins<br><input type="checkbox"/> AS 4968 - 2003<br><input type="checkbox"/> NZS 5444 - Load Anchorage Points                             | <input type="checkbox"/> AS2174-2006 - Combination intercha<br><input type="checkbox"/> AS 3990 - Mechanical Equipment - S<br><input type="checkbox"/> AS 1554 - Structural Steel Welding |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Manufacturer: _____                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rating (s): _____                                                                                                                                                               |                                                                                                                                                                                           |
| Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Serial No. _____                                                                                                                                                                |                                                                                                                                                                                           |
| Drawing #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                | Designer ID _____                                                                                                                                                               |                                                                                                                                                                                           |
| Statement of Design Compliance (SODC) # _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                 |                                                                                                                                                                                           |
| LT400 No. _____ Category: _____ ID: _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                 |                                                                                                                                                                                           |
| I declare I ..... am a Heavy Vehicle Specialist Certifier – Engineer and I hold a current valid appointment. I certify that this vehicle component design and this certification comply in all respect with Land Transport Rule: Vehicle Standards Compliance 2002; my Deed of Appointment and applicable requirements. To the best of my knowledge the information contained in this certificate is true and correct at the time of issue of this certificate. |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Issue Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                               | Expiry Date: _____ Km                                                                                                                                                           | Certifier: _____                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                           |
| Welder: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ticket No: _____                                                                                                                                                                | Procedure: _____                                                                                                                                                                          |
| Qualification: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            | Position: _____                                                                                                                                                                 | Expiry: _____                                                                                                                                                                             |