

HEAVY VEHICLE CERTIFICATIONS PTY LTD

ENGINEERING DESIGN SERVICES ROAD VEHICLE INDUSTRY & ADR CONSULTANTS
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Fax/email Transmission

To:

Date:

Fax/email:

Trailer Modification and/or ATM/GTM Rating Assessment

Thank you for your enquiry. If altering an existing trailer please provide a simple sketch of the modifications proposed. The minimum information we need to process an application is as follows:

Modifier's Details:

Name of Modifier _____
Street Address _____
Postal Address _____
Contact Name _____
Phone _____ Fax _____ email _____

Owner's Details: (if different to modifier's details)

Owner's Name _____
Trading Name _____
Postal Address _____
Phone _____ Fax _____ email _____

Trailer's Details:

Trailer type (Semi, Pig, Dog) _____ No. of axles _____
Body Style eg. flat top _____ Tyre Size _____
VIN/Chassis No. _____ Existing ATM (t) _____
Registration Plate No. _____ Req'd ATM (t) _____
Description of Modification _____
Axles: Make & SARN* _____
Brake kit: Make & SARN* _____

	Front Axle Grp (Dog trlrs only)			Rear Axle Group (all other trailer types)			
Suspension: Make & SARN*							
Boosters eg. 30/30 (front to rear)							
Slack Adjuster Lengths (mm)							

* **SARN** (Sub-Assembly Registration Number) as shown on compliance plate eg. 9074SS; 6916FB; 11139CS

Please complete the details above and return to us with the following:

- 1) a copy of the trailer's current rego paper
- 1) a photo of the Compliance plate (if fitted)
- 2) photos of front, rear & side views of the trailer
- 3) photos of axles (hub & underside), spring hangers, boosters and slack adjusters (front to rear)
- 4) a simple sketch of proposed modifications where necessary

