## **HEAVY VEHICLE CERTIFICATIONS PTY LTD**

ENGINEERING DESIGN SERVICES ROAD VEHICLE INDUSTRY & ADR CONSULTANTS

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## Fax/email Transmission

То:	Date:	
Fax/email:		
Trailer Modification and/or ATM/GTM Rating Assessment		
		er please provide a simple sketch of the eed 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 Owner's Name	nt to modifier's details)	
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.		Reqd ATM (t)
Description of Modification		
Axles: Make & SARN*		
Brake kit: Make & SARN*		
	Front Axle Grp (Dog trirs only)	Rear Axle Group (all other trailer types)
Suspension: Make & SARN*		
Boosters eg. 30/30 (front to rear) Slack Adjuster Lengths (mm)		

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

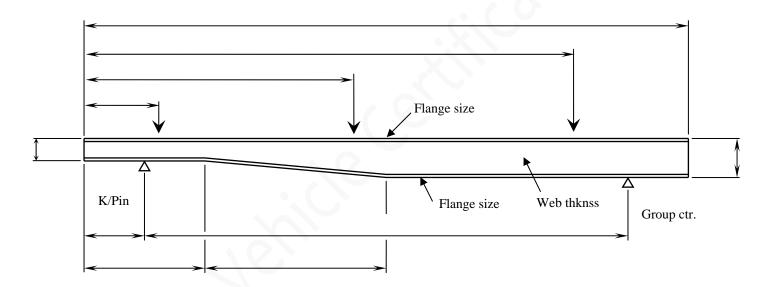
- 1) a copy of the trailer's current rego paper
- 1) a photo of the Compliance plate (if fitted)
- 2) photos of front, rear & side views of the trailer
- 3) photos of axles (hub & underside), spring hangers, boosters and slack adjusters (front to rear)
- 4) a simple sketch of proposed modifications where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

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

## <u>Trailer Modification/Trailer ATM upgrade - Chassis Frame details</u>

Please use the sketch below, or provide your own drawing, to advise chassis details. Return to us by fax or email.

Advise material sizes (flanges, web, etc), beam depths & show load types, load (bolster/twist-lock) locations, overhangs, etc.



Please call if you have any queries.