

This form is for use by a person licensed as a certifier under Part 5A of the *Road Transport (Vehicle Registration) Regulation 2007* (NSW) for the purposes of certifying B-triple and AB-triple combinations to ensure they comply with the requirements in the NSW Schedule to the National Class 2 Heavy Vehicle Road Train Authorisation (Notice) 2014 (No. 2).

The form must be completed and signed by the above authorised person in the course of carrying out the certification for requested vehicles.

A copy of the completed and signed certification form must be provided to RMS Intelligent Access Unit by mail to: PO Box 94 Glen Innes NSW 2370; or Fax 02 6732 9116; or Email: iap@rms.nsw.gov.au by either the above authorised person or the registered operator of the vehicles when enrolling the vehicles in the Intelligent Access Program (IAP).

1. Licensed Certifier details

Licensed certifier name

ABN

ACN

Certifier licence no.

Contact person

Address

Suburb

State

Postcode

Phone number

Fax number

Email address

2. Registered Owner details

Registered owner name

ABN

ACN

Contact person

Address

Suburb

State

Postcode

Phone number

Fax number

Email address

Contact Details

Monday to Friday 8.30am to 5.00pm AEST (excluding Public Holidays)

Roads and Maritime Services, Intelligent Access Unit

PO Box 94 Glen Innes NSW 2370

www.rms.nsw.gov.au

| T 1300 364 847 then press 2

| F 02 6732 9116

| E iap@rms.nsw.gov.au

3. Vehicle combination type (select one)

- B -Triple AB - Triple

Vehicle details

Prime unit

Registration plate <input type="text"/>	State <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>
GCM <input type="text"/>	GVM <input type="text"/>	VIN / Chassis number <input type="text"/>	

Trailing units

Select trailer position(s)/type(s) the trailing unit can be used as:

Lead trailer Middle trailer Rear trailer Converter dolly

Registration plate <input type="text"/>	State <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>
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Certifiers Declaration (to be completed for each page) Enter the total number of pages applicable to this Certification: _____

I hereby declare that all particulars contained herein are correct and certify that the prime mover and all trailers identified above, comply with all construction, dimension, mass and operational standards and relevant Australian Design Rules (ADRs) set out in the NSW Schedule to the National Class 2 Heavy Vehicle Road Train Authorisation (Notice) 2014 (No. 2).

Licensed certifier name (please print)

Licensed certifier signature

Certifier licence no.

Date

/	/
day	month year

Print this page as required

Prime mover (as per the front page of the form)

Registration plate <input type="text"/>	State <input type="text"/>	VIN / Chassis number <input type="text"/>
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Vehicle combination type (select one)

B -Triple AB - Triple

Vehicle details

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Licensed certifier name (please print)

Licensed certifier signature

Certifier licence no.

Date

day / month / year