

HEAVY VEHICLE MODIFICATIONS

CHECKLIST S2

**RATING OF GROSS VEHICLE MASS  
APPROVED DESIGN CERTIFICATION  
FOR MODIFIED VEHICLES OR SPECIAL  
PURPOSE VEHICLES (e.g. MOTORHOMES)**

1.0 Record of major component and vehicle manufacturer's load ratings:

Component	Make/model	Manufacturer's max load rating
Engine		
Transmission (Gear Box)		
Aux. Transmission		
Tailshaft		
Rear Axle		
Rear suspension		
Rear tyres		
Front axle		
Front suspension		
Front tyres		
Chassis section		
Wheelbase		
Modified GVM		

Identify major components above and where applicable record their maximum load rating by the manufacturer. Indicate what unit are being used for the ratings e.g. Kg, ft.lb, Nm as appropriate.

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(Y=Yes, N=No, N/A =Not Applicable)

- 2.0 Is the revised GVM within the component manufacturer's limits?
- 3.0 Does the chassis have adequate strength?
- 4.0 Have the chassis strength calculations or details of a vehicle model used as reference been retained for future audit?
- 5.0 Has the appropriate G Code for braking certification been completed?
- 6.0 **Tyres and Rims**
- 6.1 Does the tyre placard if fitted record the correct tyre and rim sizes, axle configurations, axle loads and inflation pressures for the modified vehicle?
- 6.2 Are tyres and rims fitted in accordance with the tyre placard?
- 6.3 Has gradeability been established as adequate for the modified GVM/GCM?
- 7.0 At the revised GVM, are the loads on the front axle and suspension and rear axles and suspension within the manufacturer's maximum mass ratings for these components?
- 8.0 Is the vehicle in satisfactory mechanical condition?
- 9.0 Is the quality of workmanship to a satisfactory standard?

**NOTE: If the answer to any relevant question is "NO", the modification is not acceptable.**

**Vehicle identity and information source**

Vehicle make / Model:

Chassis No./VIN:  Year of Mfr:

Vehicle Modified By:

Vehicle examined or details supplied by:

Company (if applicable):

**Certification**

Vehicle inspected/not inspected:

Modification Plate No:  (Applicable only if vehicle inspected)

Certificate number issued:

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Certificate approved by:

Company (if applicable):

Signed:  Certifying Officer No:  Date:

**If Certificate issued to S1 Certifying Officer:**

Certificate and checklist issued to:

Name:  Certifying Officer No:  Company:

**Note: A copy of this checklist must be supplied with the certificate to the S1 Certifying Officer.**