

Trailers - CR3

Chassis rating request form

Please record details from the vehicle itself. To find out how to apply, please see page CR1 - Procedure.

Vehicle Description please	type, or print clearly, (esp.Z/2, 0/O, S/5, 4/H, 7/1, 1/L et	c)
Make	Model	
(Full) Model IDType Code (from chassis p	late):	
Overseas V.I.N./Chassis number	······	
Country of Manufacture	Country of export	
Registration No. (If registered)	NZ New? Yes 🗆 No 🗆	
Year of Manufacture	Use of vehicle – Passenger Goods (PSV) (GSV)	
Body style (van, flatdeck, tankerstock etc).		
Motive power Petrol □ Diesel □	Other (specify)	· · · · • • •
Axle types Axle 1 Axle 2 (Indicate whether tag (T), steering and tag	Axle 3Axle 4 Axle 5	
Axle configuration (eg, 0+3 for 3 axle sem	ni, 1+1 for 2 axle full, etc.)	
(Front to Rear)	-trailer ("5 th wheel") (mm)	
	, , ,	
Suspension Type	Front	
Suspension Type (e.g.coil, leaf, airbags, walking beam etc.)	Front	
(e.g.coil, leaf, airbags, walking beam etc.) Applicant's name and postal address	Rear Contact phone number Fax number	
(e.g.coil, leaf, airbags, walking beam etc.) Applicant's name and postal address	Rear Contact phone number	
(e.g.coil, leaf, airbags, walking beam etc.) Applicant's name and postal address	Rear Contact phone number Fax number	
(e.g.coil, leaf, airbags, walking beam etc.) Applicant's name and postal address	Rear Contact phone number Fax number Date	
(e.g.coil, leaf, airbags, walking beam etc.) Applicant's name and postal address Applicant's signature (I hereby declare that the information submitted is correct an the copy of the Japanese de-registration or export certificate applicable) is an unaltered copy of the original) Modifications – has the chassis been mo Briefly describe the modifications 9eg, co	Rear Contact phone number Fax number Date d dified since manufacture? Yes No	