Vehicle and modifier details

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| --- | --- | --- |
| Vehicle make: | Vehicle model: | Month and year of manufacture: |
|  |  |  |
| VIN (if applicable): | Vehicle chassis no. (if applicable): | Vehicle modifier (company name): |
|  |  |  |

Advanced braking systems

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Braking systems | | Check Yes, No, N/A as applicable: | Yes | No | N/A |
| 1 | Is the advanced braking system (where fitted) un-effected or re-certified after the vehicle modification? | |  |  |  |

Modification details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Modification criteria | | Check Yes or No as applicable: | Yes | No |  |
| 1 | Has the modification been performed in accordance with the manufacturer’s guidelines? | |  |  |  |

Substitution details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gearbox | | Applicable: |  |  | Check Yes, No, N/A as applicable: | Yes | No | N/A |
| 1 | Does the replacement or additional gearbox have adequate torque capacity for output of the vehicle's engine? | | | | |  |  |  |
| 2 | Has the replacement or additional gearbox been fitted without removal or weakening of sub-frames, chassis, cross members or body members? | | | | |  |  |  |
| 3 | Are any openings into the vehicle (needed for the gearshift control) adequately sealed to prevent the entry of exhaust and road fumes? | | | | |  |  |  |
| 4 | Does the replacement or additional gearbox provide sufficient reduction to permit the vehicle, when laden to its rated GCM, to meet manufacturer grade-ability requirements or VSB6 modification codes S3, S8 or S9 (whichever is lesser)? | | | | |  |  |  |
| 5 | Are automotive type gearbox mountings used on suitably fabricated brackets? | | | | |  |  |  |
| 6 | Are all transmission controls able to be operated safely from the driving position? | | | | |  |  |  |

Installation details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Automatic transmission (if applicable) | | Applicable: |  | Check Yes, No, N/A as applicable: | Yes | No | N/A |
| 1 | Does the transmission meet the requirements of Australian Design Rule (ADR) 42/.. or relevant heavy vehicle standards regulation, as applicable? | | | |  |  |  |
| Other fittings | | Applicable: |  | Check Yes, No, N/A as applicable: | Yes | No | N/A |
| 2 | Do the reversing lights (if fitted) operate when reverse gear position is selected? | | | |  |  |  |
| 3 | Has the accuracy of the vehicle's speedometer and odometer been maintained? | | | |  |  |  |
| 4 | Are advanced safety systems such as ABS, EBS and TCU correctly interfaced? | | | |  |  |  |
| 5 | Are air operated accessories such as shift controls or power take off controls certified in accordance with the requirements of VSB6 Modification Code G6? | | | |  |  |  |
| 6 | Has an assessment of the tail shaft been made in accordance with VSB6 Section C – Tail shafts? | | | |  |  |  |
| 7 | Do the tyres fitted to the vehicle have a speed rating equal to or exceeding its maximum speed capability? | | | |  |  |  |
| 8 | Has the PTO been installed in accordance with VSB6, PTO, vehicle, engine, transmission and the tail shaft manufacturer’s guidelines? | | | |  |  |  |

Compliance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Modification | | Check Yes or No as applicable: | Yes | No |  |
| 1 | Does this modification meet all the requirements of the manufacturer’s guidelines / Modification Code B1? | |  |  |  |
| 2 | Is the quality of the work to an accepted industry standard? | |  |  |  |
| 3 | Does the modified vehicle continue to comply with all affected ADRs, legislative and regulatory requirements? | |  |  |  |

Authorisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other than modification criteria, if the answer to any relevant question is NO the modification is not acceptable.** | | | | |
| **Comments:** |  | | | |
| Examined by: | | Company (if applicable): | | AVE no.: |
|  | |  | |  |
| Signed: | | Modification certificate no.: | Modification plate no.: | Date: |
|  | |  |  |  |