

TRIVEDI DESIGN PTY LTD

ENGINEERING DESIGN SERVICES ROAD VEHICLE INDUSTRY & ADR CONSULTANTS

(ACN: 059 984 840)

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Fax/email Transmission

To:

Fax/email:

Attn:

From: Tito Trivedi

Re: Application for Trailer Modification / ATM/GTM Rating Assessment

Thank you for your inquiry. If altering an existing trailer please provide a simple sketch of the modifications proposed. The minimum information we need 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 to modifier's details)

Owner's Name _____
Trading Name _____
Postal Address _____
Phone _____ Fax _____ email _____

Please provide a copy of the vehicle's current licence/registration paper & a sketch/facsimile of the compliance plate (if fitted).

Vehicle's Details:

Trailer type (Semi, Pig, Dog) _____ Existing ATM (T) _____
Body Style eg. flat top _____ Required ATM (T) _____
VIN/Chassis No. _____ No. of axles _____
Registration No. _____ Tyre Size _____
Description of Modification _____

Front Axle Group

Rear Axle Group

Make: SUSPENSION (*SS)

Make: AXLES (*FB)

Make: BRAKE KIT (*CS)

Boosters (front to rear)

Slack Adjuster Lengths

Front Axle Group			Rear Axle Group			

***SARN** (Sub-assembly Registration No.) on the Compliance Plate eg. 9074SS; 6916FB; 11139CS

FLANGE & WEB SIZES -
GOOSE-NECK SECTION



FLANGE & WEB SIZES -
MAIN RAIL SECTION



Advise material sizes (flanges, web, coamings, etc), beam depths & show load types, load (bolster/twist-lock) locations, overhangs, etc. Attach photos, sketches, etc if necessary.

