

TRIVEDI DESIGN PTY LTD

ENGINEERING DESIGN SERVICES ROAD VEHICLE INDUSTRY & ADR CONSULTANTS

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Fax/email Transmission

Attn:

Fax/email:

From: Tito Trivedi

Re: Trailer Modification and/or ATM/GTM Rating Assessment

Thank you for your enquiry. 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 SEND A COPY OF THE VEHICLE'S CURRENT REGO/LICENSE PAPER & A SKETCH OR 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 (mm)						

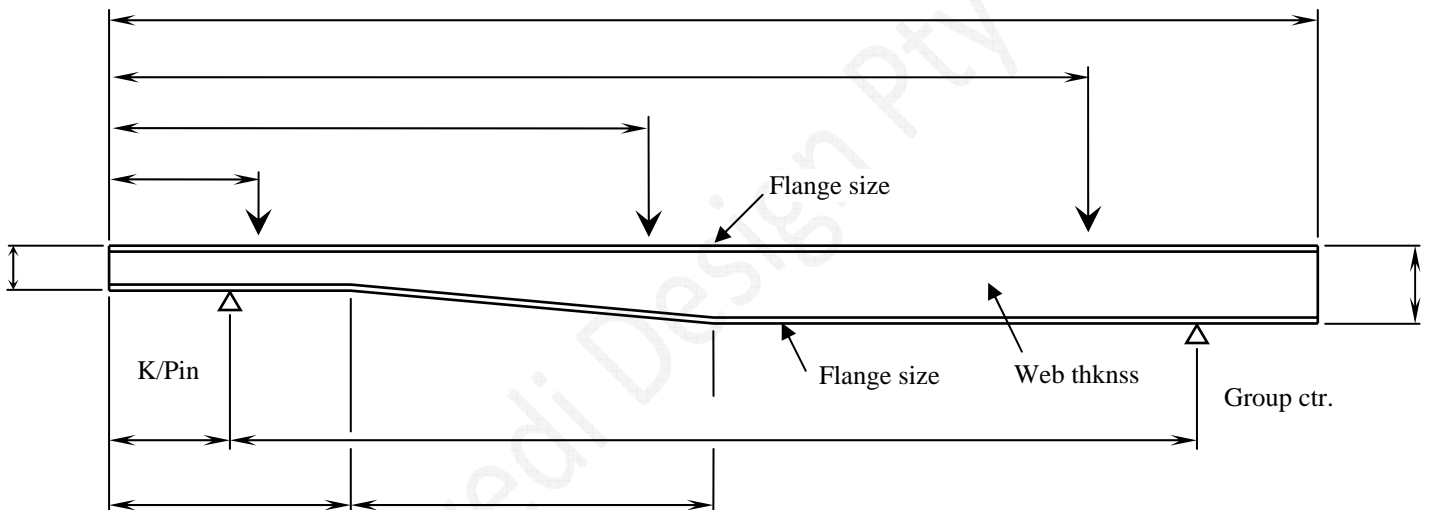
***SARN** (Sub-assembly Registration No.) on the Compliance Plate eg. 9074SS; 6916FB; 11139CS

Trailer Modification/Trailer ATM upgrade - Chassis Frame details

Please complete the details below and return to us - (fax) 08 93322030

Advise material sizes (flanges, web, etc), beam depths & show load types, load (bolster/twist-lock) locations, overhangs, etc.

ANDY: The sketch below is more suitable for a semi. Please provide a simple sketch of your dog trailer with the following dimensions: Overall length, wheelbase, beam thicknesses, etc.



Please call if you have any queries.

Regards

Tito Trivedi