## Repair Certification – unable to enter Notes

Email to vehicles@nzta.govt.nz with ‘Repair notes’ in the subject line.

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| --- | --- |
| Repair certifier ID |  |
| Date of vehicle inspection |  |

### Vehicle attributes

|  |  |  |
| --- | --- | --- |
| VIN / chassis number |  |  |
| New or used |  |  |
| Previous country of registration |  | Not required for new vehicles |
| No. of seats |  |  |
| Colour |  |  |
| Make |  |  |
| Model |  |  |
| Vehicle year |  |  |
| Body T\type*Delete as applicable* | Convertible Hatchback Light vanSaloon Sports car Station wagon Utility |  |
| Imported LHD *Delete as applicable* | Y N  |  |
| CC Rating |  |  |
| Engine Type*Delete as applicable* | Petrol Diesel ElectricOther *(specify)* |  |
| Odometer reading |  | At time of inspection |
| Odo unit*Delete as applicable* | Km Miles nil |  |
| Vehicle class |  |  |
| Frontal impact system*Delete as applicable* | Y N | Vehicle has been manufactured to a recognised frontal impact standard |

### NOTES to be entered

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