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Testing Agencies document No. CFMT&TI/BTS/TRAILER/Revised November, 2019

## **GOVERNMENT OF INDIA**

## CENTRAL FARM MACHINERY TRAINING & TESTING INSTITUTE (MINISTRY OF AGRICULTURE AND FARMERS WELFARE)

DEPARTMENT OF AGRICULTURE, CO-OPERATION AND FARMERS WELFARE

(MECHANIZATION & TECHNOLOGY DIVISION)

An ISO:9001-2015 Certified Institute TRACTOR NAGAR, P.O. BUDNI (M.P.) – 466445

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## **BRIEF TECHNICAL SPECIFICATIONS FOR TRAILER**

(To be submitted by the Applicant/ Manufacturer to testing Agency in Triplicate copy)

1.0 1.1	GENERALDESCRIPTION ABOUT MANUFACTUR Name of Trailer Manufacturer Address of Manufacturer	RER/APPLICANT: : :
	Telephone Number (s) Fax Number (s) e-mail Address Website Name and Designation of contact person Telephone Number / e-mail ID of contact person	: : : :
1.2	Name of Applicant, if other than manufacturer Address of applicant	:
	Telephone Number (s) Fax Number (s) e-mail Address Website	: : :
2.0	BRIEF TECHNICAL SPECIFICATION OF TRAILE Make Model Brand Name Type (Semi-Trailer / Full- Trailer) Category of trailer Year of manufacturing Pay load, (tones) Gross Load, (tones)	R: : : : : :

Manufacturer/Applicant		Document No., if any Revision status	Testing Agency CFMT&TI, Budni (M.P.)	
Signature	:	Make & Model of Trailer:	Signature :	
Name	:		Name : Designation :	
Designation Date	: :	Page No. 1 of 4	Date :	

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Dated- /

ANNEXURE - D to CMVR Certificate No. CMVR/PT-

Method of operation	:	
Manufacturer/Applicant		Testing Agency CFMT&TI, Budni (M.P.)
	Revision status	
Signature :	Make & Model of Trailer:	Signature :
		Name :
Name :		Designation :
Designation :	Page No. 2 of 4	Date :
Date :		Date .

## 10.0 Overall Dimension in travel mode, (mm):

Minimum ground clearance
Overall length
Overall width
Overall Height

Manufacturer/Applicant	Document No., if any Revision status	Testing Agency CFMT&TI, Budni (M.P.)
Signature :	Make & Model of Trailer:	Signature :
Name :		Name : Designation :
Designation : Date :	Page No. 3 of 4	Date :

Applicant / Manufacturer : M/s -----Manufacturer name------

Signature of Authorized Signatory :

Name :
Designation :
Place :
Date :

Manufacturer/Applicant	Document No., if any Revision status	Testing Agency CFMT&TI, Budni (M.P.)	
Signature :	Make & Model of Trailer:	Signature :	
Name :		Name : Designation :	
Designation : Date :	Page No. 4 of 4	Date :	