



Certificate of Installation

" Public Transport Managed at a Click"

Tracker

Dealers Name: _____

Date of installation: _____

Client Name: _____ Vehicle Type: _____

Vehicle Capacity: _____ Owner's Mobile: _____

(Owner's preferred No for vehicle alerts)

Vehicle Reg: _____ Device Reg: _____

Fleet No: _____

(If available)

Username: _____

Password: _____

(The Password will be sent via SMS to the user in confidence)

Active Tracking from: _____ To: _____

Signed: _____

Date: _____

