

***This document is to be completed 90 days prior to first scheduled build date, unless otherwise approved. This is to help ensure all necessary requirements are communicated to help prevent delays in trailer delivery date**

Sales Order: _____ Pilot Build Date: _____ Trial run start date: _____
 End Customer _____

To be completed by customer:

1. Tracking unit Make: _____
2. Tracking unit Model: _____
3. Tracking unit revision number (if applicable): _____
4. Any add-on components listed here:
5. Is tracking unit packaging set up to specifically include a label indicating Wabash part number, sales order number, and end customer name on *each* tracking unit carton/box? Yes No
6. Are tracking units set to ship within conformance of vendor (battery life) requirements per scheduled trailer build date? Yes No
7. Does tracking unit meet electrical system requirements? Yes No
8. Date that layout prints and schematics sent to Wabash Engineering: _____
9. Date that installation requirements sent to Wabash Engineering: _____
10. Does system use GSM (cellular service)? Yes No If so, what carrier? _____
11. Requirements:
 - Are there any requirements other than mounting and hookup?
 Yes No
 - Does tracking unit need be assigned to asset ID?
 Yes No
 - Do components need to be paired or are they pre-paired?
 Yes No
 - If paired components are involved, is a list provided to reference serial number pairings?
 Yes No

Does system require a stand-alone application for pairing, asset ID assignment, or install validation?

Yes No

If so, does Wabash need end user account info to assign within tracking unit vendor app?

Yes No

App and/or Credentials Needed:

List any other special requirements here:

***Please note:** Any requirements not met could impact trailer build date and/or delivery date*

X

Customer Signature

To be completed by Wabash Sales:

Does information provided below meet required dates?

Yes No

Does make/model/components fall within approved matrix?

Yes No

X

Wabash Sales

If No, additional approval is needed

Engineering _____ date _____

Quality _____ date _____

Operations/Plant Mgr _____ date _____

Comments:

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