



Autotracking

Commissioning Sheet

Device Type LMT Lite LMT Portable

Autotrack Number _____ Commission Date ____/____/____

Vehicle Name _____ Rego. No. _____

Vehicle Type _____ Colour _____

Driver Name _____

Ignition Connected Yes / No

Input 1 Connected Yes / No High / Low Input _____

Input 2 Connected Yes / No High / Low Input _____

Email address for reports _____ @ _____

Reports to Email

Ignition On Ignition Off

Input 1 Input 2

Poll Fail 1 hour

Over Speed _____ kmph

Username for Web Login _____

Password for Web Login _____

Password must include 2 Letters, 2 Numbers and a symbol (! @ # \$)

Billing Details

Billing Name _____

Billing Address _____

Contact Person and Number _____

Email Address for Accounts _____

Name On Card _____

Credit Card