VEHICLE TRANSFER PROCEDURE



Recommendations

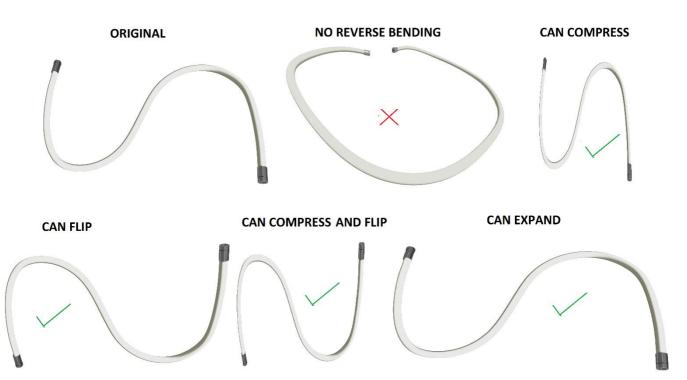
- 1. The personnel transferring the T series must be trained and accredited by BlazeCut.
- 2. The T series must be within a 3 years installed life (a copy of the original documents required before the transfer can be completed)
- 3. Photos and full details need to be taken of the old vehicle and the tube on the old vehicle before removing.
- 4. Photos and full details need to be taken of the new vehicle and the tube on the new vehicle once installed.
- 5. The tube cannot be bent in opposite directions to its original installed shape. It can only be compressed or expanded slightly.

Do Not

Bend the tube in opposite directions.

You Can

Compress, Expand, Flip, Flip and expand, Flip and compress the tube.



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Original Vehicle Installation

Date Originally Installed:	
Business Name:	Phone Number:
Address:	Contact Name:
	Job Title:
	Email:
Vehicle Make (Brand):	Vin Number:
Vehicle Registration:	Vehicle Fleet Number:
Vehicle Model:	Vehicle Type:
Vehicle Model Number:	Location where installed:
T series Model number:	T Series serial Number:
T series Manufacture date:	T Series condition:

Transferred Vehicle

Date Originally Installed:	
Business Name:	Phone Number:
Address:	Contact Name:
	Job Title:
	Email:
Vehicle Make (Brand):	Vin Number:
Vehicle Registration:	Vehicle Fleet Number:
Vehicle Model:	Vehicle Type:
Vehicle Model Number:	Location where installed:

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Photos need to be taken of both vehicles and attached.

technical@blazecut.com

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- 1) Photo the front of each vehicle with the hood open clearly showing the vehicle number plate and the installed T series in its fitted state before removal and after installation.
- 2) A photo of the T series attached to the bonnet, in its entirety, before and after the transfer.

Additional comments?			
Technician / Installe	r		
Accredited BlazeCut #			
Transferred by:			
	Name	Signature	
	Company	Position	
Client / Equipment o	owner		
Before signing the Client sh	nould be in the possession	off the owners/operators manual.	
System accepted by:			
	Name	Signature	
	Company	Position	
Date of Acceptance:			
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