

Fleets by Method
INSTALLATION COMPLETION FORM

Project Information

Customer Name: _____
Project Number: _____
Installation Shop: _____
Installer Name: _____
Installation Address: _____
Installation Date: _____

Vehicle Information

Vehicle Year: _____
Make: _____
Model: _____
Unit Number: _____
VIN (Optional): _____

Work Performed

- ☐ Full Wrap
- ☐ Partial Wrap
- ☐ Decal Installation
- ☐ Window Perforation
- ☐ Fleet Numbering
- ☐ DOT Graphics
- ☐ Other: _____

Quality Control Checklist

- ☐ Graphics installed according to approved proof
- ☐ All panels aligned correctly
- ☐ No visible bubbles
- ☐ No lifting edges
- ☐ Vehicle cleaned after installation
- ☐ Required photos taken
- ☐ Customer inspected vehicle

Issues or Damage Reported

Photo Submission Checklist

- ☐ Front View
- ☐ Driver Side
- ☐ Passenger Side
- ☐ Rear View
- ☐ Front 3/4 View
- ☐ Rear 3/4 View
- ☐ Close-Up Detail Photos

Installer Certification

I certify that the graphics were installed according to Method Fleet Wraps installation standards and that the information provided on this form is accurate.

Installer Signature: _____

Date: _____

Customer Approval

I acknowledge that the installation has been completed and inspected.

Customer Name: _____

Customer Signature: _____

Date: _____