# TRAN CERT MARKETING, INC.

PROVIDING QUALITY SYSTEMS, PRODUCTS AND SERVICES TO THE TRANSPORTATION INDUSTRY

## DISTRIBUTOR REPORT

Date:		Distributor:				Distributor ID:	
Number of Active	eriod:		Number of A	unts last period:			
ACTIVITIES	List significant accomplishments, occurrences and problems during the reporting period.						
<u>Accomplishments</u>							
<u>Problems</u>							
Occurrences							
Number of Contacts Made:				# Clients Work in Process:			
Signature:					Date:		

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## DISTRIBUTOR REPORT

Date:		Distribut	tor:			Distributor	ID:	
CLIENT ACTIVITIES								
Client Name:				Contact:				
				Telephone:				
Notice to Proceed Date:				Date Installed:				
What Product(s) Being Applied: (Enter TCMI #)								
# Vehicles/Equipment: Vehicle Type:								
Check what applies:								
Engine Trans Rear P/Steering W/Bearings Cooling Other								
Enter Vehicle ID Numbers and include record for each Vehicle / Equipment								
Date of First Sample: Sample taken by whom:								
Results of First Sample: (ppm) Vehicle ID:								
FE:	CU:	AL:	CR:	SN:	PB:	SI:	Sod:	
Results of Follow-up Samples: (ppm) Vehicle ID:								
FE:	CU:	AL: C	CR:	SN:	PB:	SI:	Sod:	
Results of Follow-up Samples: (ppm) Vehicle ID:								
FE:			CR:	SN:	PB:	SI:	Sod:	
Results of Follow-up Samples: (ppm) Vehicle ID:								
FE:	CU:	AL: C	CR:	SN:	PB:	SI:	Sod:	
Signature:					Date:			

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### DISTRIBUTOR REPORT

Date:		Distrib	Distributor:			Distributor ID:	
VEHICLE REPORT							
Vehicle:				Client Name:			
What Product(s) Being Applied: (Enter TCMI #)							
Vehicle Type	·						
Check what	applies:						
Engine	Trans	Rear	P/Steering	W/Bearing	s Cooling	g Othe	r
Date of First	Sample:		Sample	e taken by who	m:		
Results of First Sample: (ppm)							
FE:	CU:	AL:	CR:	SN:	PB:	SI:	Sod:
Results of Follow-up Samples: (ppm)							
FE:	CU: A		CR:	SN:	PB:	SI:	Sod:
Results of Follow-up Samples: (ppm)							
FE:	CU: A	L:	CR:	SN:	PB:	SI:	Sod:
Results of Follow-up Samples: (ppm)							
FE:	CU: A	L:	CR:	SN:	PB:	SI:	Sod:
Summary (Results of the installation)							
Initial:					D	ate:	