



Fleet Solutions for the working world™



Fleet Management & Asset Tracking Survey

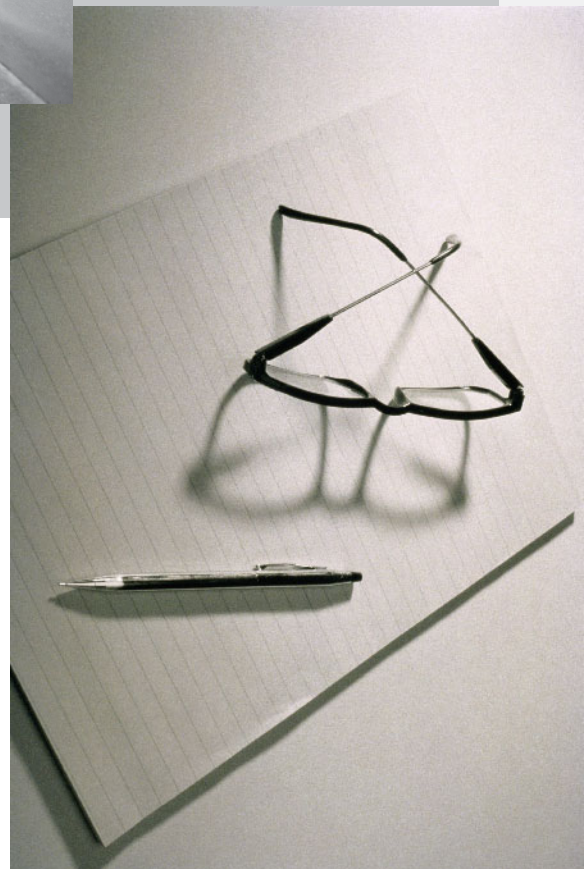




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Customer Information Survey Guidelines

The purpose of this survey is to better understand the customer's requirements and to provide the best solution based upon the information collected. This information will be used to generate the best possible estimates for hardware costs and airtime usage over the various networks that CES Wireless supports.

The better the information the more accurate and expedient response for you and the customer. All sections and questions do not need to be completed.

- It is preferred that the Fleet Solutions Information Customer Survey and any resulting documentation be forwarded and transferred by fax when possible. Any additional information should be attached and/or mailed to the Sales Manager to whom you report to, the Sales Coordinator at Head Office, and CC the Manager of Engineering. A follow up call is recommended to verify that the parties have received the documentation.
- The sales representative is responsible for supplying as much information as possible. Should insufficient information be provided, the request will be returned to the Sales or Branch Manager.

Customer Information Form

This information is required to understand the customer business and application. Complete only the applicable items, however the more information supplied the better the Engineering Group and application Partners can assess the application and provide the solutions required.

Company Name: _____

Address: _____

City: _____

Province/ State: _____

Postal/Zip code: _____

Telephone Number: _____

Fax Number: _____

Contact Name: _____

Email Address: _____

Web Site: _____

Type of Organization:

- Corporation Sole Proprietorship Partnership Cooperative Association
 Other _____

Geographic Coverage & Maps

If city, municipality or other small geographic region is required please specify exactly the coverage area. If larger areas such as states, provinces, or continental coverage are required please specify.

Maps:

CES Wireless supplied maps?

Yes No

Customer supplied maps?

Yes No

Please indicate to what resolution is the mapping software expected to display:

Note that as the resolution is increased or the map area is enlarged so are the requirements for the computer on which the program will reside.

Major cities and highways: _____

Major city roads: _____

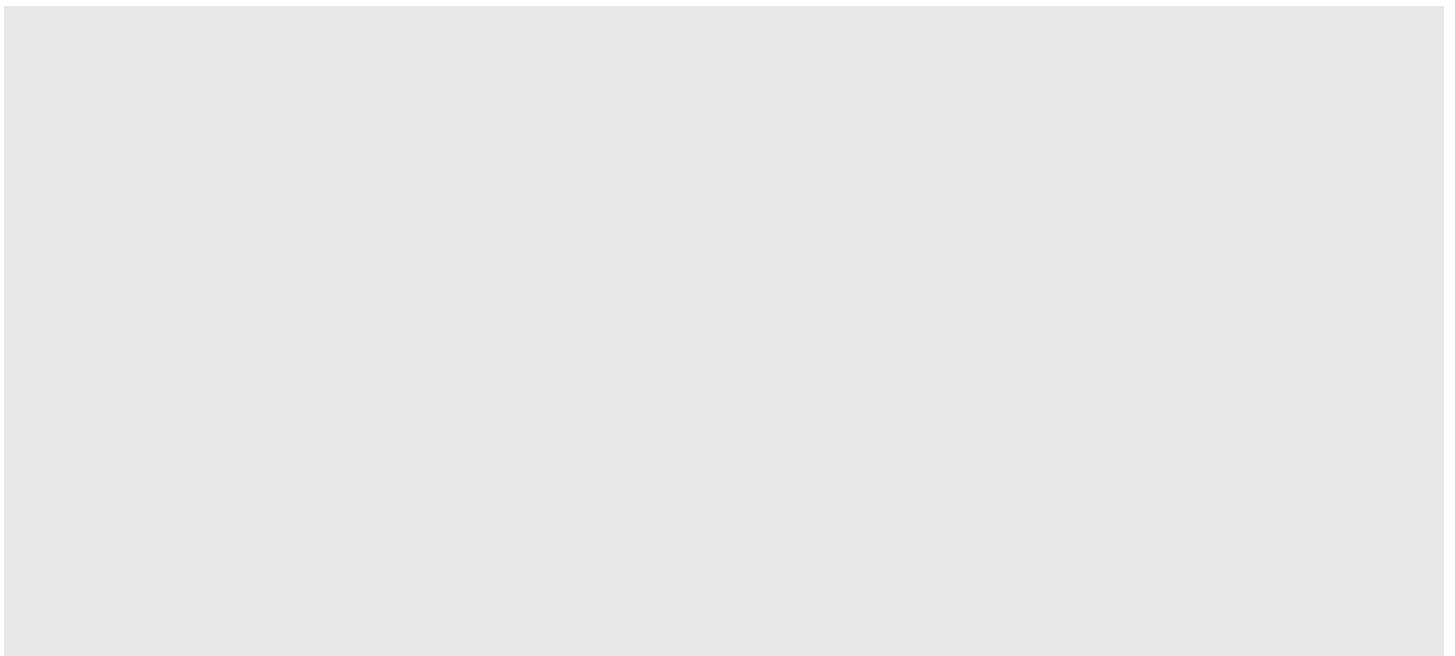
City Roads: _____

City Roads, addresses and side streets: _____

Geographic Information continued:

Please indicate with an X or other indication of the geographical area that makes up the customer service area. Include plant locations, central dispatch location, remote sites or any other information or items that you believe will be helpful in understanding the system lay out.

Coverage Diagram



Geographic coverage requirements for: _____

Implementation: _____

Timetable: _____

What is the target date for the following:

Purchasing the System? _____

Installing the System? _____

Comments regarding the timetable? _____

Financing:

Will your company require assistance in arranging financing of the system? Yes No

If yes, what percentage of the total cost do you want to finance? _____ %

Detailed Requirements

Functionality

Please define in as much detail as possible the exact functionality required, also include if these are immediate or future considerations.

Base System

Single Dispatcher or Multiple Dispatcher Workstation System? _____

If Multiple Workstations, how many? (Windows Network only supported) _____

Is this an existing Network? Yes No

Where is the Dispatch Center to be located? _____

Is there a requirement to link this system to other regional offices or companies? Yes No

If Multiple Workstations, should we quote the Sever? Yes No

Is an interface to an enterprise *host** market specific software required? Yes No

*Refer to trak-CONTROL™ brochure

Vehicle Sensors

Is Status or telemetry information required from the vehicle? Yes No

If yes, please indicate the sensor points that require monitoring: _____

List the types of vehicles to be equipped: _____

Approximate age of vehicles: _____

Contact person and number for additional vehicles information: _____

Additional Peripherals: (Yes or No, with explanation if Yes)

Credit Card Reader? Yes No

Credit Card Reader with Credit Card Printer? Yes No

Bar Code Readers? Yes No

Mobile Printers? Yes No

Engine Management Interface? Yes No

Sensors & Controls? Yes No

Wireless Infrastructure Information

Existing System:

Is your system: Conventional Trunked CDPD GSM Satellite

If trunked, type of trunking: LTR Privacy Plus Passport Other

If other please comment: _____

If not trunked, are you planning to switch to a trunked system in the future?

Rate your current radio coverage: Excellent Good Fair Poor

Comments: _____

System Upgrades:

Base Station: Yes No

Comments: _____

Quantity to Replace?

Mobile Radios: Yes No

Comments: _____

Quantity to Replace? _____

RCC

For Non-Trunked Radio Channels Only:

What is the operation of this channel? Simplex Half Duplex Full Duplex

Please check any of the following that are present: Notch Filters Pass Filter
 Sub-Audible tones (DCS or CTCSS) Multicoupler Duplexer Other

Comments: _____

Additional Radio Information

Does the system have a voter? Yes No

Is the system approved for Data? Yes No

Number of channels you have? _____

Transmit Frequency: _____

Receive Frequency: _____

Base Station Repeater: _____

Indicate the type: Private Community

Is the Base Station Continuous Duty Full Duplex? Yes No

What is the method of Base Station Control? Local DC Tone Tone DC Remote
 Control Station E & M (Microwave)

What is the distance from the Dipatch Office to the Base Station? _____

Please check the type of connection between the dispatch office and the base station tower:

Leased Line Dial Up Line Microwave

Other _____

Equipment Types

Please Provide the Manufacturer and model number of the following:

Manufacturer	Model	# of Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enterprise Software Interface

Customer Existing Software: (Industry Specific batching/dispatching/management software system)

The customer has existing base and software?

Yes No

Is the proposed System to interface to this software?

Yes No

Is this a central dispatch system?

Yes No

Please provide details on existing software and software provider: _____

Do you have someone on staff who is familiar with the software?

Yes No

If so, please provide name and contact information.

Software Provider: _____

Address: _____

City: _____

Province/ State: _____

Postal/Zip code: _____

Telephone Number: _____

Fax Number: _____

Contact Name: _____

Email Address: _____

Web Site: _____



925-122 South Semoran Blvd
Winter Park, Florida 32792 USA
email: sales@ceswireless.com
Web Site: <http://www.ceswireless.com>
Tel: 407-679-9440
Fax: 407-679-8110

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