

Note: Complete both pages of this Pre-installation Inspection Record, using a separate record for each vehicle, before each new graphic installation and between subsequent graphic installations on the same vehicle.

Installer Requirements

1. Carefully and thoroughly examine each vehicle and record all potential problem areas prior to installing the graphics. We recommend washing the vehicle so that potential problem areas are easily seen.
2. Ensure that the paint is sound so that graphics will have good adhesion to the paint. For the purpose of this program, "sound paint" is defined as paint that is free of defects (see the "Defects" bullet below).

Circle all areas on the following diagram where your inspection shows that the paint may be unsound, the graphic may adhere poorly, or graphic removal may damage the vehicle paint. This includes:

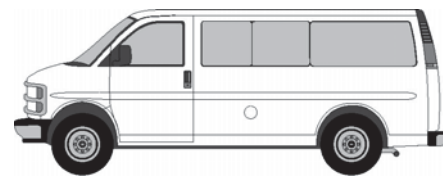
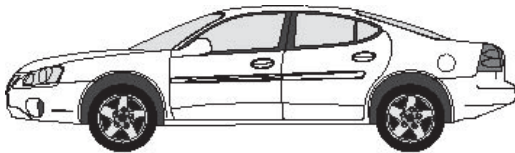
- Defects: loose paint, dents, rough surface, fillers used for damage, rust or blistered paint.
- Areas where water can collect, which are more likely to rust, resulting in paint adhesion problems.

Note: Primer, which does not outgas, may be applied to bad paint spots on the vehicle to prepare it for another graphic wrap. However, this must still be considered a problem area and must be documented on the Pre-installation Inspection Record.

3. Photograph all areas that you circled on the diagram as exhibiting unsound paint.
4. Explain proper graphic maintenance to the Vehicle Owner/Operator. See Instruction Bulletin 6.5.
5. Complete the Pre-installation Inspection Record (see the next page of this document).
6. Make and distribute copies to all signing parties.
7. Maintain a file with the signed form and photographs.

Warranty Claims and Exceptions

1. Failure to obtain a properly executed and signed Pre-installation Inspection Record (see the next page of this document) prior to graphic installation voids all expressed or implied 3M product warranties.
2. If the pre-inspection shows the paint is not free of defects, the owner of the vehicle waves all expressed or implied 3M product warranties.
3. 3M does not warrant vehicle paint staining that may be visible after removing an inkjet printed graphic with an overlamine. To reduce the risk of this problem, always remove the graphics by the end of the Warranty Period. See the 3M™ MCS™ Warranty for complete details at www.3Mgraphics.com.
4. To make a claim, contact 3M Commercial Graphics Quality Direct at 1-800-511-3705 or go to www.3Mgraphics.com/qualitydirect. Be prepared to send in:
 - A piece of the 3M film exhibiting the defect.
 - A properly executed and signed 3M Pre-installation Inspection Record, including any available photographs.



Circle all areas where the paint may be unsound. Mark only one vehicle type.

(Diagrams courtesy of Digital Auto Library, 1-888-843-1325 or www.digitalauto.on.ca)

**COMPLETE THIS FORM, PROVIDE A COPY FOR EACH SIGNER
AND RETAIN WITH PHOTOGRAPHS IN CASE OF A CLAIM.**

Please print except in signature boxes.

AUTOMOBILE OWNER/OPERATOR
COMPANY NAME
CONTACT NAME
STREET ADDRESS
CITY / STATE / ZIP
AREA CODE / PHONE NUMBER
GRAPHICS PRINTER
COMPANY NAME
CONTACT NAME
STREET ADDRESS
CITY / STATE / ZIP
AREA CODE / PHONE NUMBER
GRAPHICS INSTALLER
COMPANY NAME
CONTACT NAME
STREET ADDRESS
CITY / STATE / ZIP
AREA CODE / PHONE NUMBER

AUTOMOBILE INFORMATION	
LICENSE NUMBER	STATE
AUTOMOBILE YEAR, MAKE AND MODEL	
VIN NUMBER	
AUTOMOBILE OWNER/OPERATOR	
PRE-INSPECTION: (see the previous page of this bulletin for inspection requirements)	
<input type="checkbox"/> PASSED (DATE: _____ BY: _____) <input type="checkbox"/> FAILED (Owner waives all product warranties if graphics are applied)	
PHOTOGRAPHS OF POTENTIAL PROBLEM AREAS:	
<input type="checkbox"/> YES (DATE: _____ BY: _____) <input type="checkbox"/> NO	
GRAPHIC CONSTRUCTION AND INSTALLATION INFORMATION	
INSTALLATION DATE	
GRAPHIC COVERAGE	
<input type="checkbox"/> FULL <input type="checkbox"/> REAR ONLY <input type="checkbox"/> TRUNK ONLY <input type="checkbox"/> DRIVER SIDE ONLY <input type="checkbox"/> PASSENGER SIDE ONLY	
SUBSTRATE CLEANED AND PREPARED ACCORDING TO 3M RECOMMENDATIONS:	
<input type="checkbox"/> YES (DATE: _____ BY: _____)	
FILM & GRAPHIC PROTECTION USED	
SIGNATURES OF ALL PARTIES	
INSTALLER	/ DATE
AGENCY REPRESENTATIVE	/ DATE
AUTOMOBILE OWNER/OPERATOR	/ DATE

3M Bus & Mini-Bus Graphics Pre-installation Inspection Record

Installer Requirements

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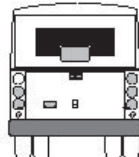
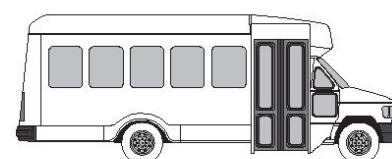
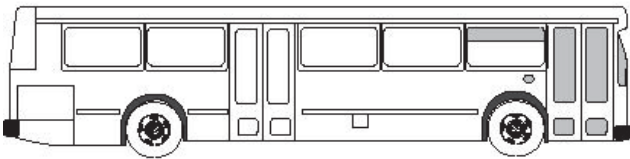
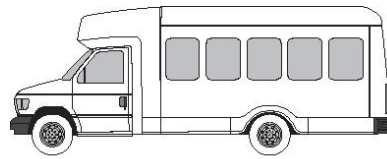
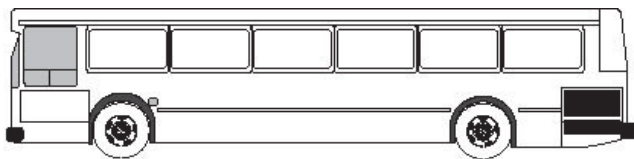
- Defects: loose paint, dents, rough surface, fillers used for damage, rust or blistered paint.
- Areas where water can collect, which are more likely to rust, resulting in paint adhesion problems.

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3. Photograph all areas that you circled on the diagram as exhibiting unsound paint.
4. Explain proper graphic maintenance to the Vehicle Owner/Operator. See Instruction Bulletin 6.5.
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3M Bus & Mini-Bus Graphics Pre-installation Inspection Record

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AND RETAIN WITH PHOTOGRAPHS IN CASE OF A CLAIM.**

Please print except in signature boxes.

BUS OWNER/OPERATOR
COMPANY NAME
CONTACT NAME
STREET ADDRESS
CITY / STATE / ZIP
AREA CODE / PHONE NUMBER
GRAPHICS PRINTER
COMPANY NAME
CONTACT NAME
STREET ADDRESS
CITY / STATE / ZIP
AREA CODE / PHONE NUMBER
GRAPHICS INSTALLER
COMPANY NAME
CONTACT NAME
STREET ADDRESS
CITY / STATE / ZIP
AREA CODE / PHONE NUMBER

BUS INFORMATION
LICENSE NUMBER
BUS YEAR, MAKE AND MODEL
VIN NUMBER
BUS OWNER/OPERATOR
PRE-INSPECTION: (see the previous page of this bulletin for inspection requirements) <input type="checkbox"/> PASSED (DATE: _____ BY: _____) <input type="checkbox"/> FAILED (Owner waives all product warranties if graphics are applied)
PHOTOGRAPHS OF POTENTIAL PROBLEM AREAS: <input type="checkbox"/> YES (DATE: _____ BY: _____) <input type="checkbox"/> NO
GRAPHIC CONSTRUCTION AND INSTALLATION INFORMATION
INSTALLATION DATE
GRAPHIC COVERAGE <input type="checkbox"/> FULL <input type="checkbox"/> BODY ONLY <input type="checkbox"/> WINDOWS ONLY <input type="checkbox"/> QUEEN PANELS ONLY <input type="checkbox"/> KING PANELS ONLY
SUBSTRATE CLEANED AND PREPARED ACCORDING TO 3M RECOMMENDATIONS: <input type="checkbox"/> YES (DATE: _____ BY: _____)
FILMS/OVERLAMINATES USED
SIGNATURES OF ALL PARTIES
INSTALLER _____ / DATE _____
AGENCY REPRESENTATIVE _____ / DATE _____
BUS OWNER/OPERATOR _____ / DATE _____