DRONE Installation

Installation Checklist



Recieving Company	Contact Darcon
Name:	Contact Person:
Email Address:	Phone:
Installation Details	
Vehicle Model:	VIN:
Unit Number / Name:	License Plate:
Odometer:	Hours:
Battery Voltage:	Covert Install:
Device Installed: \square XC \square X2 \square XT	Add-On Camera: RC1 RC1 EC1
Install Type: HW OBD DATA	CAN Hi / Low: ☐ Yes ☐ No
Device Location: Device Serial Number:	
Testing Results	
Power: Yes No Advanced D	ata:
Ignition: 🗌 Yes 🗌 No Camera View	w (XC):
GPS:	Charged:
Cellular: 🗌 Yes 🗌 No 📗 Firmware Up	odate: 🗌 Yes 🗌 Not Required
Installer Details	
Company:	Installer Name:
MyFirstech Email:	Date:
Phone Number:	Signature: