



## EMPLOYEE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## VEHICLE INFORMATION

License Plate Number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

RFID #: \_\_\_\_\_

## ADMIN RECEIVED

\_\_\_\_\_ Valid Driver's License

\_\_\_\_\_ Valid & Current Vehicle Registration

\_\_\_\_\_ State of Hawaii Vehicle Safety Inspection

\_\_\_\_\_ Hawaii No-Fault Insurance Card

**I acknowledge that I have received, read, and understand the Employee Emerald Wash Club policy and will be participating in the Employee Emerald Wash Club Membership Program.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

1034A Kilani Ave. # 102 Wahiawa, HI 96786 - Office: (808) 621-0899 – Fax: (808) 622-4448

[www.carwash808.com](http://www.carwash808.com)

