



# SPRUCE CREEK EMPLOYEE RFID APPLICATION

(Please print and complete all information and provide the document copies required)

EMPLOYEE LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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## SPRUCE CREEK EMPLOYER INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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## EMPLOYEE VEHICLE(S) INFORMATION: (Copies of your registration, driver's license and insurance card required)

RFID NUMBER	TAG #	YEAR	MAKE	MODEL	COLOR

RFID NUMBER	TAG #	YEAR	MAKE	MODEL	COLOR

RFID NUMBER	TAG #	YEAR	MAKE	MODEL	COLOR

RFID NUMBER	TAG #	YEAR	MAKE	MODEL	COLOR

RFID must be removed when employment is terminated or the vehicles disposed of through sale or otherwise or when the party to whom it is assigned is no longer an employee at your business at the Spruce Creek Fly-In. Notification is the employer's responsibility and must be made to the Security Department.

I agree to be bound by the above provisions:

**EMPLOYER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ APPLIED BY: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_