Group Training Verification Form

Date of Training: _____

Training Topic: _____ **Instructor:** _____

Individuals attending:

Date	Time Start	Time End	Name	Signature	Position

Instructor's Signature: _____

P.O. Box 861636 Wahiawa, Hawaii 96786 | Office (808) 621-0899 | Fax (808) 622-4448
www.carwash808.com