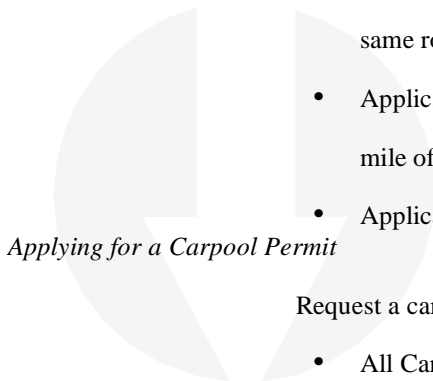


.....

# Employee Agreement for Carpool Parking Permit

**In order to use the preferred parking areas assigned to carpools, the following procedures and requirements must be met:**

- Two or more employees commuting to work together constitute a recognized carpool, eligible for preferential carpool parking.
- Applicants must live within a close proximity of each other or commute to work along the same route.
- Applicants must live outside a one mile radius of the facility. Employees who live within a mile of the campus are encouraged to bicycle or walk.
- Applicants must work the same hours



*Applying for a Carpool Permit*

Request a carpool application from the Employee Transportation Coordinator (ETC).

- All Carpool Members must complete a carpool permit agreement. One form per carpool.
- Return the form to the Employee Transportation Coordinator

*Approval of Application*

- After verifying the information provided on your agreement, the ETC will approve and issue a carpool sticker. This sticker is to be placed in a visible place next to your APU parking permit. If the sticker is not visible you may be cited and fined for illegally parking in a rideshare space.
- If the members of the carpool do not ride together, single commuters cannot park in the carpool spaces. Carpoolers must ride together in order to take advantage of the carpool permit.

# Car Pool Permit Agreement

As a participating member of a carpool, I have read and understand the agreement for carpool participation and would like to join the program.

Vehicle #1:

---

Year/Make/Model	License Plate #
-----------------	-----------------

Vehicle #2:

---

Year/Make/Model	License Plate #
-----------------	-----------------

Participant #1:

---

Name	Department
------	------------

---

On-Campus Extension	Email
---------------------	-------

---

Address	City, State, Zip Code
---------	-----------------------

---

Signature	Date
-----------	------

Participant #2:

---

Name	Department
------	------------

---

On-Campus Extension	Email
---------------------	-------

---

Address	City, State, Zip Code
---------	-----------------------

---

Signature	Date
-----------	------

**Employee Transportation Coordinator Only**

Permit No.:	_____	Date Issued:	_____
	Veh. #1	Veh. #2	