

McClellan Park

Transportation Management Association



CARPOOL PARKING REQUEST AND PERMIT REGISTRATION

PERMIT NO: _____

***Please return completed form to McClellan Park Corporate office at 3140 Peacekeeper Way or fax to 916.568.2764**

NAME: _____

COMPANY: _____

MCCLELLAN COMMUTE PROGRAM

Do you Rideshare? YES NO (To qualify for the Rideshare program, you must have used an alternative commute option that same day.)

Ridesharing includes all types of commute alternatives (train, bus, light rail, carpool, vanpool, bicycle, walk rollerblade, scooter & telecommuting)

If yes, which type? Carpool Light Rail Vanpool Bicycle
 Rollerblade / Scooter Train Telecommute
 Other

Instantly download a Emergency Ride Home voucher* for a free ride home at www.sacregioncommuterclub.org. In the event of an employee emergency (at work, home, day-care, or school) a free ride home via cab or rental car will be provided to employees who rideshare (excludes employees who drive alone to work). See your Human Resource representative or visit www.mcclellanparktma.org. [All carpool participants (drivers and riders) must register in www.sacregionCommuterClub.org prior to submitting this form.]

**Note: Guaranteed Ride Home voucher requires 24 hr. pre-registration, with Commuter Club in order to validate carpool status.*

CARPOOL PARKING REGISTRATION

Carpool parking spaces are available only to employees who carpool to McClellan Park (on a full-time basis. 4 to 5 times a week, with another employee from McClellan Park) On days that you carpool to work (with one or more carpool partner), you are eligible to park in the designated carpool parking spaces using your carpool permit. Registration and permitting are required. Vehicles that do not display a carpool permit may be cited or towed at owner's expense.

Your Name: _____ Company: _____ Work Address: _____
 Phone: _____ E-mail: _____ Home City: _____
 Zip: _____ Vehicle Make: _____ Model: _____
 Year: _____ License #: _____ Color: _____

Your Partner's Name: _____ Company: _____ Work Address: _____
 Phone: _____ E-mail: _____ Home City: _____
 Zip: _____ Vehicle Make: _____ Model: _____
 Year: _____ License #: _____ Color: _____

I acknowledge that any fabrication of the above information on my part shall be construed as deliberate and may cause for immediate termination of carpool parking privileges. I further understand my commitment to participate in the annual three-minute online TMA Commute Survey in October to validate my carpool use and status.

Employee Name and Signature _____	Please Print _____	Please Sign _____	Date _____
Supervisor Name and Signature _____	Please Print _____	Please Sign _____	Date _____