

Carpool Partners Information

Carpool #1

Employee:	Department:
Campus Phone:	Room Location:
Primary Car Info:	Alternate Car Info:
Make:	Make:
Model:	Model:
License Plate#	License Plate#

Carpool #2

Employee:	Department:
Campus Phone:	Room Location:
Primary Car Info:	Alternate Car Info:
Make:	Make:
Model:	Model:
License Plate#	License Plate#

Carpool #3

Employee:	Department:
Campus Phone:	Room Location:
Primary Car Info:	Alternate Car Info:
Make:	Make:
Model:	Model:
License Plate#	License Plate#

Rideshare with Daycare/School Age Children

(If you are listing children, please complete the address information with Day Care/School info).

Children Name(s)	Children Name(s)
School	School
Address	Address
Telephone Number	Telephone Number

**Must return form in person to Employee and Student Transportation Services, ERC A-506, Extension 2893

Rideshare Registration Form

Travel Mode	Personal Information																						
<input type="checkbox"/> Carpool <input type="checkbox"/> Compress work week <input type="checkbox"/> Transit <input type="checkbox"/> Flexible work schedule <input type="checkbox"/> Bike <input type="checkbox"/> Telecommute <input type="checkbox"/> Walk Number of days per week you pledge to participate: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Faculty</td> <td style="width: 50%; text-align: center;">Staff</td> </tr> <tr> <td colspan="2">Social Security#: ____/____/____ Date: ____/____/____</td> </tr> <tr> <td colspan="2">Name:</td> </tr> <tr> <td colspan="2">Home Address:</td> </tr> <tr> <td colspan="2">City/Zip:</td> </tr> <tr> <td colspan="2">Cross Streets:</td> </tr> <tr> <td colspan="2">Campus Address:</td> </tr> <tr> <td>Room:</td> <td>Extension:</td> </tr> <tr> <td colspan="2" style="text-align: center;">start time: end time:</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">a.m.</td> <td style="padding: 2px 10px;">p.m.</td> </tr> </table> </td> </tr> </table>	Faculty	Staff	Social Security#: ____/____/____ Date: ____/____/____		Name:		Home Address:		City/Zip:		Cross Streets:		Campus Address:		Room:	Extension:	start time: end time:		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">a.m.</td> <td style="padding: 2px 10px;">p.m.</td> </tr> </table>		a.m.	p.m.
Faculty	Staff																						
Social Security#: ____/____/____ Date: ____/____/____																							
Name:																							
Home Address:																							
City/Zip:																							
Cross Streets:																							
Campus Address:																							
Room:	Extension:																						
start time: end time:																							
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">a.m.</td> <td style="padding: 2px 10px;">p.m.</td> </tr> </table>		a.m.	p.m.																				
a.m.	p.m.																						

Carpool Registration

Primary Car	Alternate Car
Make:	Make:
Model:	Model:
License Plate#	License Plate#

Public Transit Registration

What method of public transit do you utilize: *(please check one)*

Long Beach Transit
 MTA
 Metro-Rail
 Torrance Transit
 Carson Circuit

I certify that the information provided is true and correct. I understand that continuation in the Rideshare Program must be verified annually. I have read and understand the policies and procedures governing participation in the Rideshare Program. Any falsification of this record and/or misuse of the Rideshare Program privileges may result in disciplinary action or termination of employment.

Employee Signature:	Date:
Employee Transportation Coordinator Signature:	Date:

For Office Use Only Do Not Complete	
Carpool Permit#	Date Reported Lost/Stolen:
Date Issued:	Return Date:
Initials:	Initials: