


Staff Processing Date	Shaded Areas Are For Office Use Only:	Decal #	Permit #	Assigned Lot	Expiration Date	Rate	
	<h1>CARPOOL PARKING APPLICATION</h1>						
Staff Initials	 <p>Commute Options and Parking Choices that help you get there</p>		<p>To <u>Carpool Applicants</u>: When submitting a Carpool Application, <u>each</u> applicant must submit <u>photocopies</u> of two forms of I.D. such as: a valid Driver's License, vehicle registration, current utility bill, or bank/credit card statement <i>dated within the last three months</i>. <u>All I.D.'s must have carpool applicant's name and matching address to application</u>. <u>Primary Permit Holder</u> information must be completed on the <u>front</u> of this form and the <u>member(s)</u> information on the <u>back</u> of this form. If you need clarification of these instructions, please call the Commute Option and Parking Section at (213) 978-1655.</p>				
	FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN DELAYS.						
Employee ID Number	Application Date	Last Name		First Name		M.I.	
	Employee ID Number *	Current Permit #		Current Lot# (if any)	Lot Requested		
	Department Name			Payroll Fund Number			
M. I.	Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number			
	Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number		
	Home Address: Street Address, City, State and Zip (P.O. Box Address is not acceptable)						
First Name	Round-Trip Miles Driven	Email Address			Class Title		
	List below the vehicle(s) you will be driving to work.						
	Vehicle(s)	Driver's Last Name, First Name		Vehicle License #	Make/Model	Year	
	Car #1						
	Car #2						
	Car #3						
	Car #4						
	Car #5						
For Office Use Only: Last Name	Car #6						
	Note: You may only receive one transportation benefit. Failure to disclose any of the information below may result in disciplinary action.			YES	NO		
	Do you and/or any member of your carpool currently receive Transit Subsidy? If yes, list name(s)					Name(s)	
	Are you and/or any member of your carpool currently members of a City-sponsored Vanpool? If yes, list name(s) and vanpool #:					Name(s) Vanpool #	
	Do you and/or any member of your carpool currently possess any other type of parking permit? If yes, list name(s), permit # and type of permit:					Name(s) Permit #	
<small>*Pursuant to Federal Law PL 93-579, I understand that my Social Security Number is herein required based upon provisions of the City's payroll system operational prior to January 1, 1975 and applicable Federal Law.</small> <small>As a Primary Permit Holder of this carpool, I understand that I must abide by the Carpool Rules issued to me by the Commute Options and Parking Section or the entire carpool may lose all parking privileges for up to one year and the Carpool Parking Permit may be revoked. (Rev.8/12)</small>			Signature of Primary Permit Holder & Date				

CARPOOL MEMBERS (List all members other than the Primary Permit Holder)

Last Name		First Name		M.I.
Employee ID Number *	Current Permit #		Current Lot# (if any)	Lot Requested
Department Name			Payroll Fund Number	
Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number	
Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number
Home Address: Street Address, City, State and Zip (No P O Box)				
Round-Trip Miles Driven From Home to Work	Email Address		Class Title	
As a member of this carpool , I understand that I must abide by the Carpool Guidelines issued to me by the Commute Options and Parking Office or the entire carpool may lose all parking privileges for up to one year and the Carpool Parking Permit may be revoked.				Carpool Member Signature

Last Name		First Name		M.I.
Employee ID Number *	Current Permit #		Current Lot# (if any)	Lot Requested
Department Name			Payroll Fund Number	
Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number	
Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number
Home Address: Street Address, City, State and Zip (No P O Box)				
Round-Trip Miles Driven From Home to Work	Email Address		Class Title	
As a member of this carpool , I understand that I must abide by the Carpool Guidelines issued to me by the Commute Options and Parking Office or the entire carpool may lose all parking privileges for up to one year and the Carpool Parking Permit may be revoked.				Carpool Member Signature

Last Name		First Name		M.I.
Employee ID Number *	Current Permit #		Current Lot# (if any)	Lot Requested
Department Name			Payroll Fund Number	
Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number	
Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number
Home Address: Street Address, City, State and Zip (No P O Box)				
Round-Trip Miles Driven From Home to Work	Email Address		Class Title	
As a member of this carpool , I understand that I must abide by the Carpool Guidelines issued to me by the Commute Options and Parking Section or the entire carpool may lose all parking privileges for up to one year and the Carpool Parking Permit may be revoked.				Carpool Member Signature

Describe your carpool route (e.g. streets/freeways driven, and which person picks up the other).

OFFICE USE ONLY		
Staff Initials	Date	Comments

The Commute Option and Parking Section MUST be notified if any member is placed on any type of leave of absence (e.g. personal, family, maternity or I.O.D.)