

Carpool Certification

- New carpool, first time certification
- Semi-annual re-certification
- Add another rider(s)
- Replace rider (name) _____



Primary (please print)

Name _____ Employee ID No. _____

Agency/Division/Section/Unit _____ Agency No. _____

Agency work address _____

Work Phone (_____) _____ Ext. _____ E-mail _____

Vehicle(s) Identification Information:

1) Make/Model/Year _____ License Plate _____

2) Make/Model/Year _____ License Plate _____

3) Make/Model/Year _____ License Plate _____

- I carpool at least two-thirds of the working days each month with individuals listed below.
- I agree to comply with the administrative rules in OAR 125-090-0030
- I understand that I cannot be registered in any other carpool or Smart Commuter program, nor lease a monthly parking space or permit to any other DAS-controlled, public or private facility.
- Failure to comply with the rules may subject all individuals in the carpool to citation, prosecution and/or the cancellation of parking privileges at state owned parking lots.

Signature _____ Date _____

Participant (please print)

Name _____ Employee ID No. _____

(Non-state employees, enter last 4 digits of SS# for ID)

Agency or Company _____ Agency No. _____

Work Address _____

Work Phone (_____) _____ Ext. _____ E-mail _____

Vehicle(s) Identification Information:

1) Make/Model/Year _____ License Plate _____

2) Make/Model/Year _____ License Plate _____

3) Make/Model/Year _____ License Plate _____

Signature (see above*) _____ Date _____

RETURN FORMS TO: Department of Administrative Services, Parking & Commuting Services
1225 Ferry St SE, U100, Salem, OR 97301-4281
Phone: (503) 378-5090 Fax: (503) 378-2157
Office Hours: 8 a.m. to 5 p.m., Monday - Friday

Primary(please print)

Name _____

Participant (please print)

Name _____ Employee ID No. _____

(Non-state employees, enter last 4 digits of SS# for ID)

Agency or Company _____ Agency No. _____

Work Address _____

Work Phone _____ Ext. _____ E-mail _____

Vehicle(s) Identification Information:

1) Make/Model/Year _____ License Plate _____

2) Make/Model/Year _____ License Plate _____

3) Make/Model/Year _____ License Plate _____

Signature (see page 1*) _____ Date _____

Participant (please print)

Name _____ Employee ID No. _____

(Non-state employees, enter last 4 digits of SS# for ID)

Agency or Company _____ Agency No. _____

Work Address _____

Work Phone _____ Ext. _____ E-mail _____

Vehicle(s) Identification Information:

1) Make/Model/Year _____ License Plate _____

2) Make/Model/Year _____ License Plate _____

3) Make/Model/Year _____ License Plate _____

Signature (see page 1*) _____ Date _____

Carpool Boundaries

To qualify in EUGENE: All participants must work within the CITY OF EUGENE bounded by Third Street on the north, Fairmount Street on the east, 24th Street on the south and Washington Street on the west.

To qualify in PORTLAND: All participants must work within the CITY OF PORTLAND bounded by Hoyt Street on the north, the Willamette River on the east, and I-405 on the south and west; and/or within the Lloyd District bounded by Broadway on the north, NE 16th on the east, I-84 on the south and Martin Luther King Blvd. on the west.

To qualify in SALEM: All participants must work within the CITY OF SALEM bounded by Market Street on the north, 17th Street on the east, Mission Street on the south and the Willamette River on the west.

Carpools are re-certified every six months. Forms received by the 15th of the month will be effective from the first day of the current month. Forms received after the 15th of the month will be effective the first day of the following month.