

CARPOOL CERTIFICATION

Full-Time Employees Only

- New Carpool **or** Change of Primary (First-Time Certification) Semi-Annual Recertification
- Add/Remove Rider/s (Name of rider/riders) _____

PRIMARY

Name _____ Employee ID _____

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ Email _____

Primary Vehicle Identification Information:

1) Make _____ Model _____ Year _____ State _____ Plate _____

2) Make _____ Model _____ Year _____ State _____ Plate _____

3) Make _____ Model _____ Year _____ State _____ Plate _____

- * I agree to comply with the administrative rules outlined in [OAR 125-090](#), and specifically [125-090-0030](#).
- * I agree to ride to work together with all individuals listed here *for a minimum of three days out of each five-day work week*. I also agree to notify DAS State Parking, in writing, about any work absences that extend longer than two weeks.
- * I certify that I do not telecommute more than two days per week, and acknowledge that telecommuting three days (or more) per week will disqualify me from participating in a carpool.
- * I agree to report any ensuing carpool changes to DAS State Parking, in writing, immediately after they occur - no later than the next business/work day. I acknowledge that failure to report such changes as required could incur penalties that could range from extending the two-year carpooling requirement to revoking carpool and/or parking privileges in State lots.

Signature _____ **Date** _____

RIDER

Name _____ Employee ID _____

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ Email _____

Rider Vehicle Identification Information:

1) Make _____ Model _____ Year _____ State _____ Plate _____

2) Make _____ Model _____ Year _____ State _____ Plate _____

3) Make _____ Model _____ Year _____ State _____ Plate _____

Signature (see above*) _____ **Date** _____

CARPOOL CERTIFICATION

Full-Time Employees Only

PRIMARY

Name _____ Employee ID _____

ADDITIONAL RIDER

Name _____ Employee ID _____

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ Email _____

Rider Vehicle Identification Information:

1) Make _____ Model _____ Year _____ State _____ Plate _____

2) Make _____ Model _____ Year _____ State _____ Plate _____

3) Make _____ Model _____ Year _____ State _____ Plate _____

Signature (see page 1*) _____ Date _____

ADDITIONAL RIDER

Name _____ Employee ID _____

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ Email _____

Rider Vehicle Identification Information:

1) Make _____ Model _____ Year _____ State _____ Plate _____

2) Make _____ Model _____ Year _____ State _____ Plate _____

3) Make _____ Model _____ Year _____ State _____ Plate _____

Signature (see page 1*) _____ Date _____

Note: To qualify to carpool, the primary and all riders must have permanent physical work locations within the designated carpool boundaries outlined at <https://www.oregon.gov/das/FleetPark/Pages/commute.aspx>. Carpools must be recertified every April and October.

IMPORTANT NOTICE: To change the carpool PRIMARY driver, the current PRIMARY must contact State Parking *in writing* to cancel the parking space or permit. The person from within the carpool who qualifies to become the new PRIMARY must then complete and submit an Employee Parking Application, along with a new Carpool Certification form with all required information and signatures.