



Facilities | Parking and Commuting Services
 1225 Ferry ST SE
 Salem, OR 97301
 503-378-5090
 503-378-2157 fax

E-mail: state.parking@state.or.us
 Website: www.oregon.gov/DAS/FAC/Parking

CARPOOL CERTIFICATION

- New Carpool (First time certification) Semi-Annual Recertification Add Rider(s)
 Remove Rider (Name of rider to remove) _____

Primary (please print)

Name _____ Employee ID _____
(Non-state employees, enter last 4 digits of SS #)

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ E-mail _____

Primary Vehicle Identification Information:

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

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

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

- * I carpool at least two-thirds of the working days each calendar month with the individual(s) listed below.
- * I agree to comply with the administrative rules in OAR 125-090, and specifically 125-090-0030.
- * I understand that I cannot be registered concurrently in any other carpool or Smart Commuter Program, nor lease concurrently a monthly parking space or permit for 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 cancellation of parking privileges at state owned parking lots.

Signature _____ Date _____

Rider (please print)

Name _____ Employee ID _____
(Non-state employees, enter last 4 digits of SS #)

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ E-mail _____

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 _____

Return by e-mail, fax or mail



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CARPOOL CERTIFICATION

Primary (please print)

Name _____ Employee ID _____

Rider (please print)

Name _____ Employee ID _____
 (Non-state employees, enter last 4 digits of SS #)

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ E-mail _____

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 _____

Rider (please print)

Name _____ Employee ID _____
 (Non-state employees, enter last 4 digits of SS #)

Agency/Division/Section/Unit _____ Agency ID _____

Physical Work Address _____

Work Phone _____ Ext. _____ E-mail _____

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: Carpools are recertified every March and September. 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 next month.

Carpool Boundaries

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

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

Return by e-mail, fax or mail