

VOICE: 650.723.9362 • FAX: 650.724.8676
 HOURS: Open weekdays 7:30 a.m. - 5 p.m.
 WEB: transportation.stanford.edu



CARPOOL MEMBERS (all members must complete this section)

To qualify for a carpool permit, each Stanford carpool member must meet all of the eligibility requirements for the duration of the permit. Each member must complete and sign this form, confirming that he or she meets the requirements. **Carpool members are automatically enrolled in the Commute Club and Emergency Ride Home programs.**

TO AVOID DELAYS IN PROCESSING YOUR PERMIT, PLEASE FILL OUT THIS APPLICATION COMPLETELY.

1 PRIMARY MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)		<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee
Stanford ID number OR Hospital file ID*	License plate #	<input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Email	Daytime phone	You must meet all of the eligibility requirements to qualify for carpool membership. Please read the eligibility criteria listed on Page 2, then sign to confirm that you meet these requirements.
Home address		
Worksite address (if employee)		Department name

2 ADDITIONAL MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)		<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee
Stanford ID number OR Hospital file ID*	License plate #	<input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Email	Daytime phone	You must meet all of the eligibility requirements to qualify for carpool membership. Please read the eligibility criteria listed on Page 2, then sign to confirm that you meet these requirements.
Home address		
Worksite address (if employee)		Department name

3 ADDITIONAL MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)		<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee
Stanford ID number OR Hospital file ID*	License plate #	<input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Email	Daytime phone	You must meet all of the eligibility requirements to qualify for carpool membership. Please read the eligibility criteria listed on Page 2, then sign to confirm that you meet these requirements.
Home address		
Worksite address (if employee)		Department name

4 ADDITIONAL MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)		<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee
Stanford ID number OR Hospital file ID*	License plate #	<input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Email	Daytime phone	You must meet all of the eligibility requirements to qualify for carpool membership. Please read the eligibility criteria listed on Page 2, then sign to confirm that you meet these requirements.
Home address		
Worksite address (if employee)		Department name

*not your badge number - your file ID number is on your timecard or paycheck stub.

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Revised 2/08

Stanford University
 PARKING & TRANSPORTATION SERVICES
 340 Bonair Siding • Stanford, CA 94305-7255

ADDITIONAL INFORMATION

- Through the carpool program, Stanford Parking & Transportation Services will reduce the cost of your carpool permit by up to \$234 for every carpool member other than the primary member (a carpool with two people can receive up to \$234; with three members up to \$468, etc.).
- The Emergency Ride Home program assures alternative transportation users that they will not be stranded on campus in the event of a personal emergency. As Commute Club members, you and your other Stanford carpool partners will be automatically registered for the program, and your registrations will remain effective for the duration of your employment or enrollment at Stanford. Please note that breakdowns or delays in public transit are not covered by this program. For further details and additional restrictions, visit transportation.stanford.edu/erh.
- If your carpool breaks up, your carpool permit is no longer valid and must be returned immediately. If your carpool situation changes (a member leaves, a new member is added), a new permit will need to be issued. Bring your old carpool permit into the office and complete a new application.
- If you want to recruit new carpool members, visit transportation.stanford.edu/ridematch to use our free online Ridematching Service. For further information, please call our office at 650.723.9362.
- If you return a carpool permit, Carpool Credit will be calculated based on the return date.



2007-08 COMMUTE CLUB / CARPOOL PERMIT APPLICATION

ELIGIBILITY

Each member must meet ALL of the following criteria for the duration of the permit:

- I am not a resident student, Resident Fellow, or resident of Kingscote Gardens.
I am required to be on campus at least 20 hours per week during normal business hours.
I am actively employed at Stanford, or I am a postdoc or registered student (students only qualify for registered quarters).
I will be commuting to campus for the duration of this permit
A Stanford parking permit is required if I park at my place of work or study.
I am not an evening- or night-shift employee.
I will not use any Stanford parking permit except this carpool permit and daily scratchers (and an SH permit, if applicable) during the time I am registered as a carpool member.
I understand that if I intentionally give false information to obtain membership in the Commute Club, I may lose my privilege to receive any transportation benefits from Stanford University, and I may receive disciplinary action up to and including termination of employment or expulsion.

1 PRIMARY MEMBER, 2 ADDITIONAL MEMBER, 3 ADDITIONAL MEMBER, 4 ADDITIONAL MEMBER. Signature and date fields for each member.

SELECT YOUR PERMIT (see price table below)

DESIGNATION: REPOSITIONABLE (A, C). DURATION: 12-Month, 10-Month, Multi-Month. Includes start and end date fields.

PERMIT PRICES

Table with columns for Purchase price during the month of, Permit Type (A, C), and Duration (Annual 12-MO., Academic 10-MO., per MONTH). Rows for months from September 2007 to August.

CARPOOL CREDIT

Text: Your carpool will receive "Carpool Credit" for each member other than the primary member. Table with columns for Months, 2-person carpool, 3-person carpool, 4-person carpool.

2007-08 COMMUTE CLUB / CARPOOL PERMIT APPLICATION

PAYMENT METHOD

- PRE-TAX PAYROLL DEDUCTION (See qualifications below)
AUTOMATIC BANK DEDUCTION (See qualifications below)
VISA/MASTERCARD ONLY (Available only for in-person or online orders)
CASH (do not mail)
CHECK (make payable to TRANSPORTATION)

RECEIVING OPTIONS

- MAIL PERMIT TO MY HOME (Enclose a self-addressed envelope and we'll pay the return postage.)
I WILL PICK UP MY PERMIT (photo ID required) (We'll notify you when your permit is ready (allow three business days).)

PAYROLL DEDUCTION SERVICE

Please read the pre-tax and parking program descriptions on our website at transportation.stanford.edu. PAYROLL DEDUCTION AUTHORIZATION: I have read and understand the information regarding the parking payroll deduction program. HOSPITAL, LPCH, OR CLINIC EMPLOYEES: I authorize Stanford Hospital & Clinics to withhold from my paycheck any payments due for the period I own the permit. RESPONSIBILITY: If a scheduled payroll deduction is rejected for any reason, I must pay Parking & Transportation Services the full amount of the deduction immediately upon their request.

EMERGENCY RIDE HOME

Informed consent, waiver, and release of liability. As a voluntary participant in the Emergency Ride Home (ERH) program, I understand that my participation does not in any manner imply that, on acceptance of a ride through ERH, I am acting in the course and scope of official Stanford business, nor does it establish an employer-employee or agency relationship between Stanford and the service provider. I understand (in the event a rental car is needed) I will be required to provide current identification and a major credit card, which is needed for security reasons. I assume full legal and medical responsibility for all costs and expenses including insurance risk of injury and loss, including death or serious bodily harm, and/or loss of property and income that may result from my participation in this program.

AUTOMATIC BANK DEDUCTION SERVICE

This program is not related to the university payroll automatic paycheck deposit system or our payroll deduction service. IF YOU CHANGE OR CLOSE YOUR ACCOUNT, you must contact Parking & Transportation Services at 650.723.9362. Deductions rejected for any reason will result in a \$25.00 service charge.

IF YOU LOSE OR NO LONGER NEED YOUR PERMIT

IF YOU NO LONGER NEED YOUR PERMIT, bank draft withdrawals or payroll deductions will not cease until you return the permit to Parking & Transportation Services. IF YOUR PERMIT IS LOST OR STOLEN, you may be responsible for paying for the full value of the permit.

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