



511 RIDESHARE VANPOOL INCENTIVE APPLICATION — CHECK ALL THAT APPLY

Start <input type="checkbox"/>	Seat Subsidy <input type="checkbox"/>	Medical Reimbursement <input type="checkbox"/>	FasTrak® <input type="checkbox"/> <small>(vans with 11-15 seats only)</small>
1. I am a:	Primary Driver <input type="checkbox"/>	Coordinator <input type="checkbox"/>	Driver/Coordinator <input type="checkbox"/> Back-up Driver <input type="checkbox"/>
2. Name:	3. E-mail:		
4. Address:	5. City:	6. Zip:	
7. Date of Birth:	8. Social Security #: <small>(SSN for Medical Reimbursement Identification purposes only, not for tax reporting purposes)</small>		
9. Date Van Started (or will start):			
10. Driver's License Number:	11. State:	12. Expiration Date:	
13. Employer:		14. Work Hours:	
15. Address:	16. City:	17. Zip:	
18. Work Phone #:	19. Home Phone #:		
20. Vehicle Information:	Year:	Make :	Model: License Plate #:
21. Number of seats in van:	22. Owned by:		
23. Please name the rider(s) who left your vanpool (applicable for seat subsidy request):			
24. Do you have the following CA Vanpool Vehicle and Driver requirements? Please check all that apply:			
25. Vanpool Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>		26. Approved Motor Vehicle Report: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(within last five (5) years from the date of this application)</small>	
27. Medical Exam Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>		28. Date of Medical Examination: Expiration Date: (if applicable)	
Please attach Medical Examiner's Certificate signed by the examining physician (green card, front and back) plus copy of the receipt stating DMV exam			
29. If applying for medical exam reimbursement - please provide the name and address of the person the check is to be payable to if other than applicant:			
If you answered NO to any of the questions above, please contact your vanpool consultant for compliance.			
30. Please attach participant list if you checked Start, Seat Subsidy or FasTrak®			

<p>Mail to:</p> <p>511 Rideshare 70 Washington Street, Suite 407 Oakland, CA 94607 Attn: Amy Paz</p>	<p>or Fax to:</p> <p>510-893-2029 Attn: Amy Paz or Juanita Lesmeister</p>
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SEE OTHER SIDE FOR TERMS/WAIVER/PROGRAM RELEASE AND WAIVER

Vanpool Seat Subsidy Program Release and Waiver of Liability

The 511 Rideshare Program is administered by the Metropolitan Transportation Commission (MTC) and operated under contract to MTC by Parsons Brinckerhoff. The 511 Rideshare Program encourages commuters to try alternate forms of transportation such as carpools, vanpools and transit. The Program offers a \$100.00 gas card seat subsidy to Vanpool Drivers or Coordinators whose vanpool loses a rider to support them in their efforts to provide ridesharing alternatives. Each eligible Vanpool Driver or Coordinator (Participant) applying to receive the seat subsidy acknowledges that participation in the Vanpool Seat Subsidy Program is strictly voluntary and that such participation is not within the course and scope of his/her employment. The 511 Rideshare Program reserves the right at its sole discretion to determine eligibility of any Participant, and may change, modify or discontinue the Vanpool Seat Subsidy Program without notice, at any time, and for any reason including but not limited to a loss of, or change in, funding. Each Participant shall indemnify, defend and hold harmless MTC, Parsons Brinckerhoff, 511 Rideshare, and their respective officers, directors, agents and employees against any and all suits, claims, or actions arising out of any injury to persons or property that may occur, or that may be alleged to have occurred, in the course of their participation in this Vanpool Seat Subsidy Program caused by an act or omission of the indemnifying Participant

Waiver of Liability

* Only employers and/or individuals who have financial responsibility for the van and who register and form a vanpool with the 511 Rideshare after April 1, 2004, is eligible. Definition of a new vanpool for the purposes of all 511 Rideshare incentives (except FasTrak) are vans with 7 to 15 passengers that meets all of the following criteria: (1) new coordinator/primary driver in the 511 Rideshare database who has not been in an active vanpool for the last six months, (2) new route (city to city), (3) new vehicle on the road. Upon van formation, all drivers/coordinators must submit an Eligibility Requirements Form, which is a vanpool passenger list, for months one, three and six as proof of campaign eligibility. Random calls will be made following the submission of each of the three passenger lists to vanpool participants for verification that at least seven passengers are present in the vanpool. \$250 to \$500 in gas cards will be awarded on a first-come, first-served basis, until all funds are exhausted to vans that meet all eligibility requirements. Please note that federal law requires we provide 1099 tax documents to all who receive \$599.00 or more in a calendar year. Qualified recipients of the gas card incentive will be notified by phone within thirty (30) days after completion of the third and sixth month. 511 Rideshare reserves the right to make the final determination of eligibility on a case-by-case basis. The incentive is designed to foster new vans rather than rearranging the current fleet. Exceptions may be made for vans that are clearly new (e.g., a former coordinator from the East Bay moves to the South Bay, etc). Any discrepancies in information gathered during verification calls may disqualify the van. If conflicting information is provided, preference will be given to information that disqualifies the van.

The 511 Rideshare Program service area includes - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, Solano, and Santa Cruz.

By signing this application, you certify that all information contained in this application is true, correct and complete, and you are giving 511 Rideshare permission to run your Motor Vehicle Report through CA DMV when applicable, at no cost to you.

Signature _____

Date: _____