

## Parking and Transportation Carpool Application for Employees

To apply for a carpool permit, please print this application, have each member in the carpool fill out and sign the form and obtain a copy of each individual's Mason ID. Drop off the form along with the copies of everyone's Mason ID and any permits that have already been bought at the Transportation Office (located in Nottoway Annex).

Please check one of the two carpool programs:

- □ **Carpool PREFERRED Parking** allows employees to park in designated general and deck parking spaces that are conveniently located. There is no parking permit rebate for this option. At least one member must have faculty/staff permit.
- Carpool PREMIUM Parking allows employees to only park in reserved Lot I, reserved Lot J, and reserved decks (Founders Hall, Rappahannock River, Shenandoah, and Mason Pond) and there is a partial permit rebate of 20-40% per semester off the reserved permit depending on the number of individuals in the carpool. ONLY ONE PERSON IN THE GROUP CAN OWN A PERMIT. All others in the carpool must turn in their permit and will receive a refund minus a \$15 administrative fee. There is no administrative fee for employees who pay for parking via payroll deduction.
  - Two-person carpool = 20% rebate
  - Three-person carpool = 30% rebate
  - Four-person or larger carpool = 40% rebate

\*Carpools need to reapply each semester to be in the Carpool PREMIUM Parking program.

Employees not owning a permit in either program are eligible to receive two daily general lot passes per month (Founders Hall validations if at Arlington) and may purchase an additional block of five daily passes (\$20) or five deck validations (\$35) at 50% off per semester.

List all relevant information for each member in the carpool:

٦	Transportation Office Use C	Only	
Date Received:	_ Application Processor:		
Name:Primary Contact Phone:			
Address:	City	State	ZIP
Vehicle:			
Make	Model		
FACULTY/STAFF PERMIT #	State Li	icense Plate Nu	mber
l'd like to request an additio carpool can receive an acconty one access device per	cess device for a \$25 refu	ındable de <sub>l</sub>	posit. Please note that

Name:Carpool Member # 2	G#	Email:					
Carpool Member # 2 Address:	City	State	ZIP				
Vahirla:							
Vehicle:	Model	Year	Color				
FACULTY/STAFF PERMIT #	State	License Plate Num	nber				
If primary permit in the group is a deck permit, I'd like to request an additional access device for the parking deck. (Each member in the carpool can receive an access device for a \$25 refundable deposit. Please note that only one access device per carpool can be in the garage at a time.)							
Name:							
Name:Carpool Member # 3		EIIIaII					
Address:	City	State	ZIP				
Vehicle:			<del></del>				
Make	Model	Year	Color				
FACULTY/STAFF PERMIT #	State	License Plate Num	nber				
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Name <sup>.</sup>		Fmail:					
Name:Carpool Member # 4							
Address:	City	State	ZIP				
Vehicle:	Model		Color				
FACULTY/STAFF PERMIT #	State	License Plate Num	hber				
If primary permit in the group device for the parking deck. (E for a \$25 refundable deposit. be in the garage at a time.)	Each member in the	carpool can rec	eive an access device				

Name:Carpool Member # 5	G#	Email:		_
Address:	City	State	ZIP	-
Vehicle:				_
Make	Model	Year	Color	_
FACULTY/STAFF PERMIT #	State	License Plate Nun	nber	
If primary permit in the group device for the parking deck. ( for a \$25 refundable deposit. be in the garage at a time.)	Each member in th	e carpool can rec	eive an access d	evice
By signing below, I acknowledge in the:  Carpool PERFERRED Pa Carpool PREMIUM Parkin	rking program and	have received a c	opy for my record	
Signature, Primary Contact				
Signature, Carpool Member #2				
Signature, Carpool Member #3				
Signature, Carpool Member #4				
Signature, Carpool Member #5				-