



CARPOOL SPACE PREFERRED PARKING APPLICATION

Please Print Clearly

| | | | |
|---|-----------|---|--|
| Primary Driver's Last Name | | First | |
| Employer /Department | | Phone # | Ext. Email |
| Primary License Plate # | State | Auto Make | Model Year |
| Primary Permit # | Issued by | | Commuter Services App. ID # (if already registered) |
| Alternate License Plate # | State | Auto Make | Model Year |
| Alternate Permit # | Issued by | | Commuter Services App. ID # (if already registered) |
| Commuter Services Program Registration – each passenger must complete this portion Please visit: commuterservicesfl.com/emergency_ride for a list of employers that offer the Emergency Ride Home. For onsite contact information, please call 1.866.585.RIDE (7433) or email CustomerService@CommuterServicesFL.com | | | |
| Name: | | Contact Phone: | |
| Email: | | | |
| Physical Address (No Po Box): | | | Apt #: |
| City: | | State: | Zip Code: |
| Employer Name: | | | |
| Department: AM/PM | | Schedule: ____ AM/PM - ____ | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Mode: <input type="checkbox"/> Drive Alone <input type="checkbox"/> Carpool <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walk | | | |
| Interested in Carpool Match <input type="checkbox"/> | | Not interested in Carpool Match at this time <input type="checkbox"/> | |
| Already have Carpool Group <input type="checkbox"/> | | | |
| How many days per week do you: | Commuter? | | Carpool? |
| How many round-trip miles is your commute? | | | |
| Sign me up for Commuter Services' free program - I want to benefit from free ridematching, Emergency Ride Home, travel resources and more. I understand there is no obligation to participate and can be removed from this program at any time. I acknowledge that: my information will be entered into Commuter Services program; I have the choice to be matched for ridesharing purposes and other related services, based on my home proximity or destination address and schedule. I understand that if I choose to find a carpool match, others will receive similar information regarding my commute choice (excluding my address) and may contact me to form a carpool or vanpool. I am responsible for my operation or participation in a carpool or vanpool and it is my responsibility for determining the suitability of others to rideshare with me, including but not limited to background, driving history, and roadworthiness of vehicles. The Florida Department of Transportation, its contractors, or Commuter Services shall have no responsibility or liability for any claims, expenses, or damages resulting from any individual's participation in a ridesharing activity. I understand I must be 18 years old to participate and Commuter Services will not provide my information to outside marketing agencies. | | | |
| Signature Of Requestor | | | Date |
| Approved By | | | Date |
| # of permits issued: | | | Expiration Date |

**Immediately notify Sarasota County Area Transit (SCAT) or Commuter Services of any changes!
Parking applications must be renewed as outlined in the preferred parking policy.**

Thank you for participating in this valuable program.