

This set of rules and agreement apply to all parking facilities owned, leased, or administered by the Department of General Services, Office of Fleet and Asset Management (OFAM), Employee Parking Office, and may be adopted by other departments operating parking facilities pursuant to State Administrative Manual (SAM) Section 4118 and the OFAM State Fleet Handbook.

This Agreement applies to all persons applying or re-registering for preferential car/vanpool parking.

### CAR/VANPOOL RULES

1. A carpool is defined as two (2) or more persons sharing a vehicle to and from work and a vanpool is defined as seven (7) or more persons sharing a vehicle to and from work. The following criteria must be met in order to be considered a car/vanpool:
  - All persons must be of legal driving age.
  - Permittees must be state employees.
  - Prospective permittees must provide route information.
  - The Employee Car/vanpool Parking Rules and Agreement, OFA 73, must be completed and signed by all car/vanpool members.
  - Permittees and their riders must be coming into the downtown core area and park within a 5-block radius of their worksite.
2. Permittees and riders are restricted to one car/vanpool and shall not appear on another car/vanpool application.
3. Make, model, and license plate number of all vehicles used in the operation of a carpool must be identified on the permittee's application.
4. The permittee will immediately notify their department Transportation Coordinator or the Employee Parking Office if any changes occur in the status of the car/vanpool.
5. If a carpool/vanpool loses a member, a new member must be registered within thirty (30) days. Failure to do so will result in the permit being forfeited.
6. The permit may be reassigned to one of the other carpool/vanpool members if the member has been a passenger for three (3) months or more and is a registered carpool member on the Application for Parking, OFA 112, and Employee Carpool Parking Rules and Agreement, OFA 73.
7. A parking permit may be forfeited and parking privileges cancelled for any of the following:
  - Passing a cardkey or parking hanger to an unauthorized person to allow entry into or exit out of a state parking facility.
  - Allowing a person other than a member of the car/vanpool to use the cardkey or designated space.
  - Failure to pay parking fees within the required time.
  - Having more than one carpool vehicle in the parking facility at any given time.
  - Permittees and riders having a parking space in any other lot whether it is state or private.
8. Only the Employee Parking Office may replace lost cardkey/hangers. The cost for a replacement cardkey/hanger is \$25.00.

Please Print

Permittee's Name	Lot #
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Please define your route to work in the space provided below.


**AGREEMENT**

By signing this agreement, you are stating that you have read and understand the rules governing preferential carpool parking and that all information provided is correct and factual. Any false statements made on the parking application that would invalidate your car/vanpool will result in immediate termination of parking privileges. In addition, you agree to obey all rules governing preferential car/vanpool parking and the uniform parking rules outlined on the back of your copy of the Application for Parking, OFA 112, and the back of this document, OFA 73. Failure to comply with these parking rules will result in terminating your parking privileges for the first offense.

Name of Primary Permittee	Agency/Department	Business Phone #	Work Hours From: _____ To: _____
Residence Address	City	Zip Code	
Signature	Date	Nearest Major Cross Street to Home	

Name of Carpooler	Agency/Department	Business Phone #	Work Hours From: _____ To: _____
Residence Address	City	Zip Code	
Signature	Date	Nearest Major Cross Street to Home	

Name of Carpooler	Agency/Department	Business Phone #	Work Hours From: _____ To: _____
Residence Address	City	Zip Code	
Signature	Date	Nearest Major Cross Street to Home	

Name of Carpooler	Agency/Department	Business Phone #	Work Hours From: _____ To: _____
Residence Address	City	Zip Code	
Signature	Date	Nearest Major Cross Street to Home	

**CERTIFICATION OF TRANSPORTATION COORDINATOR**

This will certify the above information was completed in my presence after verifying the identity of the persons involved.

Transportation Coordinator Signature	Department	Business Phone #	Date
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