

Vanpool Transmittal Approval Form

Complete the following application to submit a registered 'Pool Rewards vanpool

- All fields are required and should be completed by the operator
- Email completed form to Commuter Connections: ridematching@mwkog.org
- For questions, call 800-745-7433, opt 4

Operator Information

Operator Name: _____

Operator Organization: _____
(e.g. VPSI, Enterprise)

Phone: _____ Email: _____

Vanpool Information

Vanpool Name: _____
(Subject to approval and availability)

Number of Passengers (including driver): _____

Have all drivers been verified to drive by your organization Yes No

Vehicle Make: _____ Model: _____ Year: _____ Current Millage: _____

Starting Address: _____
Street Address/Lot Information/Building Name

City _____ State _____ Zip _____

Destination Address: _____
Street Address/Lot Information/Building Name

City _____ State _____ Zip _____

How many miles is it from start to destination (one way): _____

Commute Start Time: _____ a.m. Commute End Time: _____ p.m.

List ADA Passenger Needs: _____
(e.g. Service Animal, Personal Care Attendant, etc...)

Has this vanpool applied for any other local jurisdiction start-up subsidy Yes No

If yes, list subsidy source and amount (per person) _____

_____ Date

_____ Operator Signature

By signing this form, you agree to the Terms of Use and Privacy Policy of Commuter Connections' 'Pool Rewards program and understand that any false statements made on this form or omissions of information requested by this form may result in denial of application.

For Official Use Only

Approved

Pending

Denied

Pool ID # _____ Date _____

Reason for pending: _____

Reason for denial: _____