

State of Tennessee Carpool Application

Thank you for participating in the State Employee Carpool Program. The following information should be reviewed, completed and signed by all participating members of your carpool. Please complete and return the form to General Services Parking Office by mail to 24th Floor, Wm. R. Snodgrass TN Tower. **Please notice, this information is subject to audit. Falsification of information, signatures or inclusion of applicants not participating as full-time members of the carpool will result in penalties, revocation of parking privileges and notification of Department Head.**

Carpool Rules

- The carpool must consist of two (2) or more State Employees.
- At least two members of the carpool must be in the car when entering the lot. This is the only way to prevent abuse of the program. If there is an extenuating circumstance that prevents at least two members of your carpool from being in the car when it enters the lot, please note it on the application under "Parking Exception".
- Members may not maintain a Reserve Parking Permit while members of a participating carpool.
- Members will be provided one (1) permit to be circulated among the drivers.
- The carpool must renew their application annually for reserved carpool parking.

*We the undersigned applicants for a reserved carpool parking space, certify that the persons whose signatures appear below will participate as regular riders in this proposed carpool and are employees of the State of Tennessee and are not members of another carpool with a reserved parking space.

APPLICANT NO. 1			Primary Contact <input type="checkbox"/>
Full Name:	_____		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
HM Address:	_____		
	<i>Street</i>	<i>City</i>	<i>County</i>
Dept./Division:	_____		
Work Phone:	_____		Alt. Phone: _____
E-mail Address:	_____		RACF ID: _____
Vehicle No. 1: <i>(Make /Model)</i>	_____		
Vehicle No. 2: <i>(Make /Model)</i>	_____		
*Signature:	_____		

APPLICANT NO. 2			Primary Contact <input type="checkbox"/>
Full Name:	_____		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
HM Address:	_____		
	<i>Street</i>	<i>City</i>	<i>County</i>
Dept./Division:	_____		
Work Phone:	_____		Alt. Phone: _____
E-mail Address:	_____		RACF ID: _____
Vehicle No. 1: <i>(Make /Model)</i>	_____		
Vehicle No. 2: <i>(Make /Model)</i>	_____		
*Signature:	_____		

Carpoolers are eligible for the Guaranteed Ride Home Program offered by Regional Transit Authority. Contact RTA at (615) 862-8833 or visit www.rta-online.org. This service will guarantee a carpooler transportation home, in the event of an emergency.

