



Dear Carpool Applicant,

Thank you for your decision to carpool! Ridesharing helps to clear the air, save energy, and reduce traffic congestion.

Enclosed are all the materials necessary for the completion of the carpool application. Please have each carpool member complete all materials and mail or hand-deliver the completed packet to Bethesda Transportation Solutions (BTS) at 7700 Old Georgetown Road, Bethesda, Maryland 20814.

Once the completed packet has been received by BTS, please allow five (5) working days for processing. This does not include U.S. Mail delivery time.

Once you receive the validated carpool application from us, you may proceed to:

- The Cheltenham Garage (#42) Parking Store at 4720 Cheltenham Drive, Bethesda, Maryland 20814 to obtain the permit for all garages/lots NOT operated by a cashier attendant. Hours of operation are 7:30am-4:00pm, Monday through Friday. The telephone number for the garage is (240) 777-8770.

-OR-

- The Manager's Office at garages operated by a cashier attendant or pay on foot system to obtain the required pass card. (Garage #11 - Woodmont Corner Garage or Garage #49 - Metropolitan Garage at Bethesda Metro)

If you have any questions, please call BTS at: (301) 656-0868. For more information, please visit our web site at [www.bethesdatransit.org](http://www.bethesdatransit.org) or contact Allison Kemp at [akemp@bethesda.org](mailto:akemp@bethesda.org).

Thank you,

Danielle T. Milo  
Director

# CARPOOL APPLICATION KIT

## CARPOOL AGREEMENT

Please follow these instructions and check off each component as completed.

### APPLICATION INSTRUCTIONS:

1. Carpool members must travel a direct inbound route to the parking district. No member may live within the parking district.
2. Carpools must consist of 2 or more members that carpool a **minimum of 3 days per week**.
3. **Carpools consisting of 5 or more members pay \$13.00 a month.** All members must be in a registered vehicle(s) when entering the garage/lot and all members must work in the parking district.
4. The principal driver (account holder) must complete the carpool application.
5. Each carpool member must complete a rideshare application (pool members information).
6. All members of the carpool, including the driver, must have their supervisor complete a work verification form.
7. All members of the carpool, including the driver, must provide verification of their current home address. The following means to verify home address include:
  - a. A valid driver's license. A change of address card must accompany the driver's license for a new address.
  - b. Vehicle registration.
  - c. Voter's Registration Card, Deed, Lease, Settlement Form, or Payroll stubs reflecting the current home address.
8. A Card Key Agreement must be signed by the principal driver of the carpool for all Cashier/Attendant operated parking facilities. This form is included in the application kit.

# CARPOOL APPLICATION KIT

## CHECK LIST

1. Carpool Application \_\_\_\_\_
2. Rideshare (pool members) Application(s) \_\_\_\_\_
3. Work Verification Sheet \_\_\_\_\_
4. Verification of Residence \_\_\_\_\_
5. Card Key Agreement (if applicable) \_\_\_\_\_

Application packets must be complete in order to best serve you. Please use the check list above. Incomplete applications will cause delays in the permit application process.

Bethesda Transportation Solutions must be notified immediately at (301) 656-0868, of any carpool membership changes (additions, deletions, etc.) in order to maintain a valid permit status.

## PROCEDURES FOR ALL CARPOOLS

Carpools must comply with the following procedures in order to receive the discount carpool parking rates:

### A. NEW CARPOOL/NEW MEMBERS TO EXISTING POOLS:

- At least one member of a 2-4 person carpool must work in the Bethesda parking lot district.
- All members must commute as a carpool into the Bethesda Parking Lot District at least 3 days per week.
- **All members** in a qualifying FIVE (5) person carpool must work in the Bethesda Parking Lot District and be present upon entering the parking facility. Failure to have five (5) people in the vehicle will result in the parking discount being discontinued.
- All members of the carpool must register with Bethesda Transportation Solutions by calling (301) 656-0868 ext21.
- Required documents for all pool members receiving discount parking: Proof of home address (as listed on page 2 of the application) and employment address (e.g., work badge indicating work location or work verification form).
- Allow five (5) working days for the processing of the carpool application after the documents are received by Bethesda Transportation Solutions. We will advise you of the status of your application.

### B. EXISTING CARPOOLS:

Carpools already registered in the program should make sure the following information at Bethesda Transportation Solutions is current and accurate: Name of Each Carpool Member, Work Telephone, Home Address, and Work Address.

**All carpool member information changes, including additions, deletions, and change of address, must be reported to Bethesda Transportation Solutions within two weeks of the change. New members added to existing pools must submit the documents listed under the new pool section. Any discrepancies within the application will result in the pool being placed in a pending status. No discount will be allowed until the discrepancy is resolved.**

## **GENERAL CARPOOL INFORMATION**

- Payment and renewal for carpools in cashier operated garages and pay on foot garages are handled at that particular garage.
- All other carpool permits are purchased at the Cheltenham Garage (#42) Parking Store at 4720 Cheltenham Drive, Bethesda, Maryland 20814. The hours of operation are 7:30am-4:00pm, Monday through Friday. The phone number is (240) 777-8770.
- Carpool permits must be visibly displayed in the vehicle's rear window.
- Carpools arriving before 9:30 a.m. may park in reserved carpool parking spaces. Carpools arriving after 9:30 a.m. may park in long term (9hr. meters or "PCS") parking spaces. Carpools are not permitted to park in short term (6 hr. or less) parking spaces. Carpools are restricted to parking in the same garage.

Bethesda Transportation Solutions will periodically call each carpool member to assist the active carpool. Please call us at (301) 656-0868 anytime you have questions or would like a free listing of potential carpoolers to add to your pool. In the event your access card has problems, and if the garage does not resolve your problem, please also contact Bethesda Transportation Solutions. Please don't hesitate to contact us regarding any carpool challenges.

### **CARPOOL PERMIT RATES**

2 Persons. . . . .	\$90.00 per month
3 and 4 Persons. . . . .	\$50.00 per month
5 or More Persons. . . . .	\$13.00 per month

## 10 TIPS TO SUCCESSFUL CARPOOLING

**1. Decide who's driving and when.** How many days will you ride together? Which ones? Will you alternate driving duties each day, each week or have one person do it all?

**2. Set ground rules.** Agree up-front on issues like choice of radio stations, smoking, eating in the car and side trips.

**3. Decide on a time and place to meet.** Will you pick each other up at home or meet at another location such as a [Park & Ride Lot](#)? Give each other 5-10 minutes for unexpected delays.

**4. Figure out the costs.** Commuters that share the driving/riding do not have to exchange money since everyone drives an equal amount. In carpools where one commuter will do all the driving, the commuter(s) riding should pay an equal share of the driver's vehicle operating costs based on this chart:

Q #	Share the Driving Costs	Sample Commute	Your Commute
1	Commuting Miles per Workday (Round-Trip)	60 miles	<input type="text"/> miles
2	Commuting Miles per Week (commuting miles/workday X 5 workdays/week)	300 miles	<input type="text"/> miles
3	Vehicle Operating Cost per Week* (commuting miles/week X \$0.16)	\$48	\$ <input type="text"/>
4	Total Number of Commuters in Carpool (Must be a number between 2 and 6)	3 commuters	<input type="text"/>
5	Shared Driving Cost per Week for Each Commuter in Carpool (Vehicle operating cost/wk ÷ # of commuters in pool)	\$16	\$ <input type="text"/>

\* This sample is based on an average vehicle operating cost of \$.16 per mile for gas, maintenance, and tires per AAA's 2007 estimates.

**5. Exchange important information.** Just in case, share emergency contact information before starting your carpool.

**6. Register with Guaranteed Ride Home (GRH)!** Don't forget to sign-up with [GRH](#) to ensure you have a FREE way home in the event of an unexpected emergency!

**7. Give plenty of notice if you'll be away.** Let your carpool partner(s) know about vacations and personal days well in advance, so they can make other arrangements. If you are taking a sick day or have a personal emergency, notify others right away.

**8. Call your insurance company.** By reducing your driving miles, you may be eligible for a reduction in your insurance premium.

**9. Take care of your car and the people in it.** Keep your car well-serviced and clean. Most importantly, **DRIVE SAFE** to always make your carpool partner(s) feel they are in good hands.



## POOL MEMBERS INFORMATION

FOR OFFICIAL USE ONLY:

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Applied before: \_\_\_\_ Yes \_\_\_\_ No EM: \_\_\_\_ CM: \_\_\_\_  
Commuter I.D. #: \_\_\_\_\_ App Code: \_\_\_\_\_ Garage Facility/Pool I.D. #: \_\_\_\_\_

MUST BE COMPLETED FOR PROCESSING NO OBLIGATION UPON COMPLETING THIS FORM  
INFORMATION USED ONLY FOR RIDESHARE PROGRAM

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Landmark nearest Metro Station/Major Intersection: \_\_\_\_\_ Meeting Place: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Landmark nearest Metro Station/Major Intersection: \_\_\_\_\_ Drop off: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Arrive to work: \_\_\_\_\_ 30, 60, 90 min. Earlier/Later Leave at work: \_\_\_\_\_ 30, 60, 90 Earlier/Later  
Preference: Carpool \_\_\_\_ Drive \_\_\_\_ Passenger \_\_\_\_ Share \_\_\_\_ Transit \_\_\_\_  
Preference: Vanpool \_\_\_\_ Drive \_\_\_\_ Passenger \_\_\_\_ Share \_\_\_\_ Other \_\_\_\_

How were you traveling to work before applying to Bethesda Transportation Solutions Ridesharing Program?  
Drive alone \_\_\_\_ Carpool \_\_\_\_ Vanpool \_\_\_\_ Transit \_\_\_\_ Other \_\_\_\_ Size: \_\_\_\_ Capacity: \_\_\_\_ Days: \_\_\_\_  
What is your round trip commute distance? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## POOL MEMBERS INFORMATION

FOR OFFICIAL USE ONLY:

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Applied before: \_\_\_\_ Yes \_\_\_\_ No EM: \_\_\_\_ CM: \_\_\_\_  
Commuter I.D. #: \_\_\_\_\_ App Code: \_\_\_\_\_ Garage Facility/Pool I.D. #: \_\_\_\_\_

MUST BE COMPLETED FOR PROCESSING NO OBLIGATION UPON COMPLETING THIS FORM  
INFORMATION USED ONLY FOR RIDESHARE PROGRAM

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Landmark nearest Metro Station/Major Intersection: \_\_\_\_\_ Meeting Place: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Landmark nearest Metro Station/Major Intersection: \_\_\_\_\_ Drop off: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Arrive to work: \_\_\_\_\_ 30, 60, 90 min. Earlier/Later Leave at work: \_\_\_\_\_ 30, 60, 90 Earlier/Later  
Preference: Carpool \_\_\_\_ Drive \_\_\_\_ Passenger \_\_\_\_ Share \_\_\_\_ Transit \_\_\_\_  
Preference: Vanpool \_\_\_\_ Drive \_\_\_\_ Passenger \_\_\_\_ Share \_\_\_\_ Other \_\_\_\_

How were you traveling to work before applying to Bethesda Transportation Solutions Ridesharing Program?  
Drive alone \_\_\_\_ Carpool \_\_\_\_ Vanpool \_\_\_\_ Transit \_\_\_\_ Other \_\_\_\_ Size: \_\_\_\_ Capacity: \_\_\_\_ Days: \_\_\_\_  
What is your round trip commute distance? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**WORK VERIFICATION FORM**

WORK VERIFICATION FORM MUST BE COMPLETED FOR EACH CARPOOL MEMBER

Please have your supervisor or manager complete the following information:  
**(PRINT ALL INFORMATION)**

This is to certify that \_\_\_\_\_  
(Employee Name)

Works for \_\_\_\_\_  
(Company Name)

At \_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
Signature of Supervisor  
\_\_\_\_\_  
Printed Name of Supervisor  
\_\_\_\_\_  
Telephone Number of Supervisor  
\_\_\_\_\_  
Date

**WORK VERIFICATION FORM**

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Please have your supervisor or manager complete the following information:  
**(PRINT ALL INFORMATION)**

This is to certify that \_\_\_\_\_  
(Employee Name)

Works for \_\_\_\_\_  
(Company Name)

At \_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
Signature of Supervisor  
\_\_\_\_\_  
Printed Name of Supervisor  
\_\_\_\_\_  
Telephone Number of Supervisor  
\_\_\_\_\_  
Date

**THIS FORM MAY BE DUPLICATED IF NECESSARY**

**CARD KEY AGREEMENT FOR CASHIER ATTENDANT FACILITIES**

**GENERAL CONDITIONS  
MONTHLY PARKING PASS PROGRAM**

1. An electronic access card will be issued which allows the card holder to enter and exit the garage. This card authorizes parking in this garage only. It is not valid for parking in any other Montgomery County facility. If the access card is not used to enter the garage, a daily ticket must be taken and the customer will pay the prevailing daily rate.
2. There is a ten dollar (\$10.00) deposit on all monthly cards issued. Lost cards will be replaced upon the payment of a ten dollar (\$10.00) fee.
3. **REFUNDS: REGULAR ACCOUNTS ONLY** closed prior to the first of the month, entire fee paid; closed after the first but before the fifteenth of the month – one half the monthly fee paid; after the fifteenth of the month – no refund of parking fee. Card deposit will be refunded when account is closed and card has been returned to garage management. All refunds will be made by mail.
4. Monthly payments should be made prior to the first day of the month. Electronic pass card number will be deactivated until payment is made.
5. All fees are payable by check or money order made payable to MONTGOMERY COUNTY, MARYLAND. Write your pass card number on all checks. Payment can be made for only one month at a time.
6. All patrons must park only within lined spaces and observe all directional signing and parking restrictions. No parking in time-restricted (i.e. two and four hr.) parking spaces.
7. The permit holder should not leave valuable articles of personal property in the vehicle and agrees not to hold Montgomery County, Maryland or the Management of the parking facility responsible for any damages resulting from the loss of or damage to said articles left in the automobile in violation of this agreement. The permit holder further understands that Montgomery County, Maryland and the management of the parking facility assume no responsibility for loss or damage caused by fire, theft, collision or any other acts.
8. Neither garage supervisors nor attendants are authorized to make, or allow any exceptions to this agreement.
9. Management reserves the right to suspend or revoke any individual’s participation in the program that uses or allows the use of the card key in a fraudulent manner.
10. Management reserves the right to deny the sale of a monthly pass to any person who cannot satisfactorily demonstrate compliance with the application requirements.

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SIGNATURE OF APPLICANT: By signing, I acknowledge that I have read and understand these conditions and agree to abide by all terms and conditions of the Monthly Parking Pass Program for this parking garage.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Garage #: \_\_\_\_\_

Card # \_\_\_\_\_