

WEST VIRGINIA UNIVERSITY CARPOOL PROGRAM
Department of Transportation and Parking
Carpool Registration Form



Use this form to register an existing carpool. You must have at least two members to register a carpool and get a preferred parking space. All members must return their current parking permits. One carpool permit will be issued per carpool and must be displayed in the vehicle in order to use the designated carpool parking space.

Name (Point of Contact) _____

University ID# _____

University Email Address _____

Home Address _____

(Include Zip) _____

Home Phone _____

Work Phone _____

1st Vehicle

Vehicle Make _____

Vehicle Model _____

Vehicle Year _____

Vehicle Color _____

License Plate# _____

State _____

2nd Vehicle

Vehicle Make _____

Vehicle Model _____

Vehicle Year _____

Vehicle Color _____

License Plate# _____

State _____

Name (2nd Rider) _____

University ID# _____

University Email Address _____

Home Address (Include Zip) _____

Home Phone _____

Work Phone _____

1st Vehicle

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

Vehicle Year _____

License Plate# _____

State _____

2nd Vehicle

Vehicle Make _____
Vehicle Model _____
Vehicle Year _____
Vehicle Color _____
License Plate# _____
State _____

Name (3rd Rider) _____

University ID# _____

University Email Address _____

Home Address (Include Zip) _____

Home Phone _____

Work Phone _____

1st Vehicle

Vehicle Make _____
Vehicle Model _____
Vehicle Year _____
Vehicle Color _____
License Plate# _____
State _____

2nd Vehicle

Vehicle Make _____
Vehicle Model _____
Vehicle Year _____
Vehicle Color _____
License Plate# _____
State _____

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Send to:

West Virginia University
Department of Transportation and Parking
Attn: Carpool Coordinator
P.O. Box 6561
Morgantown, WV 26506 - 6561
 Phone (304) 293-5502
 Fax (304) 293-3939
 E-mail transportation@mail.wvu.edu

CONSENT, DISCLAIMER, AND RELEASE:

West Virginia University and the Department of Transportation and Parking assume no responsibility for any errors, omission, delay, damage, and/or injury due to participation in the Carpooling Program. The undersigned has consented to the West Virginia University Department of Transportation and Parking to release his/her name and telephone number to other participants in the Carpool Program in connection with the operation of the Program. West Virginia University assumes no liability whatsoever, for the loss or damage to any vehicle and/or its contents, or for injury to or death of any person, which arises in the course of, in connection with or as a result of the Carpool Program, including, without limitation, vehicle accidents, driving infractions and incidents involving carpool participants. West Virginia University is not responsible for ensuring the quality or licensing of drivers that participate in the Carpool Program, or for ensuring that vehicles of participants are road worthy and properly insured.

By the signature below, we acknowledge receipt of this consent, understanding of the Carpool Rules, disclaimer, and release of liability in order to register and participate in the West Virginia University Department of Transportation and Parking Carpool Program.

_____	_____
Signed by Point of Contact	Date
_____	_____
Signed by 1 st Rider	Date
_____	_____
Signed by 2 nd Rider	Date
_____	_____
Signed by 3 rd Rider	Date

For Office Use Only

Carpool / Vanpool Permit Number: _____ Date Assigned: _____

Assigned Home Base Parking Area: _____ Assigned By: _____

Employment Verification:

Point of Contact Department: _____ 1st Rider Department: _____

2nd Rider Department: _____ 3rd Rider Department: _____

Previous Parking Area:

Point of Contact: Area _____ 1st Rider: Area _____

_____ 2nd Rider: Area _____

3rd Rider: Area _____
