

Eligibility Agreement

- I am commuting to a full time employment arrangement and have a supervisor available to verify my new commute mode at the start of and conclusion of this program and I commute to work at least one or more weekdays.
- I am including a verifiable and accurate employment mailing address and understand that all materials regarding this program will be directed to my place of employment.
- I understand that the incentives offered through this program are provided to applicants on a first-come, first-served basis and the New Jersey Department of Transportation (NJDOT) and TransOptions has the right to discontinue this program at any time.
- I understand that it is a condition of my participation in Carpooling Makes Sense that all information I supply will be correct, current and complete. NJDOT and TransOptions has the right to refuse your application in this program and the right to withhold incentives if either organization believes I have failed to meet this obligation.
- I understand that my name and information will be added to the statewide ridematch system, RidePro and I may be contacted by others wishing to carpool.
- I understand that if a dispute arises regarding any aspect of Carpooling Makes Sense, including but not limited to, interpretation of the Rules of Eligibility, accuracy of the information I provide, or my eligibility to participate, TransOptions or NJDOT shall be the final decision maker regarding such disputes. Any decision by TransOptions or NJDOT will be final and binding on my status as a participant in this program.
- By providing this information, I understand that this information may be used by NJDOT, TransOptions or a third party to contact me via e-mail or phone, regarding my interest in additional financial incentives, additional programs or services, or for information related to my experience using alternative modes of transportation.

I acknowledge that I have read and understand the Rules of Eligibility governing and certify that I am eligible to participate and receive the incentives provided by NJDOT.

Original Signature Required _____

Date _____

(TransOptions will not accept e-mailed or faxed versions)

Carpool Partners Information

Name _____

Company _____

Work Phone _____

Address _____

Email _____

City, State, Zip _____

Address _____

How many days do you carpool? _____

City, State, Zip _____

Work: Start Time: _____ End Time: _____

Name _____

Company _____

Work Phone _____

Address _____

Email _____

City, State, Zip _____

Address _____

How many days do you carpool? _____

City, State, Zip _____

Work: Start Time: _____ End Time: _____

Name _____

Company _____

Work Phone _____

Address _____

Email _____

City, State, Zip _____

Address _____

How many days do you carpool? _____

City, State, Zip _____

Work: Start Time: _____ End Time: _____