



Commuter Trip Reduction (CTR) Program

Carpool Registration Form

Primary Permit Holder

Name: _____
EdCC ID#: _____
City driving from: _____
Phone#: _____

Name: _____
EdCC ID#: _____
City driving from: _____
Phone#: _____

Name: _____
EdCC ID#: _____
City driving from: _____
Phone#: _____

Name: _____
EdCC ID#: _____
City driving from: _____
Phone#: _____

List license plate numbers for each car using permit

Car#1: _____

Car#2: _____

Car#3: _____

I am requesting to participate in the Edmonds Community College Commuter Trip Reduction (CTR) Program. I intend to use carpooling as my mode of transportation for at least 60% of my commute trips each month, or at least 3 days per week.

I understand that this program and permit are valid only if 2 or more driving age participants are present in one vehicle when it arrives to park on campus. The permit must be visible in the vehicle on the dashboard and is valid only for the current quarter in which it is issued. This permit is not replaced if lost, taken, or destroyed during the quarter.

This carpool permit allows vehicles to park in designated areas only and on a space available basis. This permit does not allow parking in any Staff or Lynnwood Golf parking areas when carpool spaces are not available.

I further understand that by signing this application I agree to the above terms and conditions for this permit and I am fully responsible for any citations or fines received through its misuse.

Signature

Date

For Office Use Only

Approved by: _____

Date: _____

Permit#: _____