

CARPOOL PARKING POLICY

PURPOSE

Pursuant to the South Coast Air Quality Management District (SCAQMD) Rule 2202, the Carpool Parking Plan implements one basic support strategy of the San Bernardino County Employee Commute Reduction Program aimed at reducing air pollution through employee ridesharing. Under this plan, specially marked parking spaces in premium locations are reserved for the exclusive use of carpools and vanpools registered with Human Resources-Commuter Services.

DEFINITIONS

Carpool: For the purposes of this plan, a carpool is defined as two or more *working adults* who commute to work in the same vehicle for more than half the distance for a minimum of two days a week.

Carpool Parking Permit: A permit issued by Commuter Services to a specific carpool entitling it to park in specified premium locations.

ELIGIBILITY

A County employee who regularly carpools with another eligible carpool member may apply for a Carpool Parking Permit. An eligible member is defined as a working adult. Children and individuals riding in the vehicle to school or other locations for purposes other than employment may not be counted as eligible members of a carpool for the purpose of the County's Carpool Parking Permit program.

Tracking and reporting rideshare participation monthly to Commuter Services is required by all County employees in the carpool.

REQUIREMENTS

Commuter Services administers the plan and issues all Carpool Parking Permits. One permit will be issued for carpools consisting of two qualified individuals and a maximum of **two** permits will be issued for a carpool of three or more qualified individuals. The carpool parking permit will be issued to the designated primary permit holder and, if applicable, the designated secondary permit holder. Permits should be shared among all other subsequent members of the carpool as necessary to facilitate driving rotations. The primary permit holder will coordinate the permit exchange and rotation time frames. Any changes to the Carpool arrangement must be reported to Commuter Services as soon as possible

PERMIT SPECIFICATIONS

Duration: The permit is designed for easy exchange between vehicles and is clearly marked with an expiration date.

Lost Permits: Lost permits must be reported as soon as possible and may be replaced at a cost of \$25.00. The use of a permit that is reported as lost may result in a parking citation and/or the loss of carpool parking privileges.

Parking Space Marking: Each Carpool Parking space is clearly marked for identification. Parking in a designated carpool space on a day you are not carpooling is prohibited and may result in the issuance of a parking citation.

Parking Citations: Parking in a designated carpool parking space requires display of a valid Carpool Parking Permit. Failure to display a valid Carpool Parking Permit may result in the issuance of a parking citation.

DISCLAIMERS

Parking permits are the property of Commuter Services and must be surrendered upon request. Commuter Services is not responsible for actions that are a result of the improper use or display of Carpool Parking Permits. Violation of any portion of this policy may result in forfeiture of carpool privileges.



Human Resources Carpool Parking Permit Application

Model: _____ License Plate #:_____

Commuter Services Application Type: New Renewal Replacement We, the undersigned, certify that we meet the eligibility requirements as working adults set forth in the Carpool Parking Policy and pledge to carpool at least 2 days per week. We understand that we are entitled to the use of spaces marked Carpool Parking ONLY and only on the days that we carpool to work. We further acknowledge, by signing below, receipt of the Carpool Parking Policy and agree to all of the terms and conditions set forth in the policy. Complete all information below for each participant. Return by Interoffice Mail to: 0178 Commuter Services or fax to 387-5566 PRIMARY APPLICANT INFORMATION (Please print) Name: _____ Work Phone: _____ Mail Code: Department: Home Address: _____ City: _____ Zip: _____ City: _____ Zip: ____ Home Mailing Address: Vehicle Year: _____ Make: _____ Model: _____ License Plate #:_____ Signature: _____ SECONDARY APPLICANT INFORMATION (Please print) Employee #: _____ Work Phone: _____ Department: Mail Code: _____ City: _____ Zip: _____ Home Address: City: _____ Zip: ____ Home Mailing Address: Vehicle Year: Make: Model: License Plate #: Date: ____ Signature: ADDITIONAL APPLICANT INFORMATION (Please print) 3rd Name: ____ Employee #: _____ Work Phone: _____ Mail Code: _____ Department: City: Zip: Home Address: Home Mailing Address: _____ City: _____ Zip: ____

Signature: _____ 4th Name: ______ Work Phone: ______ Department: _____ Mail Code: _____ Home Address: City: Zip: City: _____ Zip: ____ Home Mailing Address: ______ Model: _____ License Plate #:_____ Vehicle Year: _____ Make: _____ Signature:

OFF	ICE	USE	ON	LY:

_____Site Number: _____ Permit Number: _____ Site Number: 2nd Permit Number:

Vehicle Year: _____ Make: _____