



EMPLOYEE Commute Alternative Program (CAP) Registration

Complete this form and email it to commute@emory.edu or fax it to 404.727.2673. You can also drop it off at the Transportation and Parking Services office on Clairmont Campus: 1945 Starvine Way, Suite 400B; Monday - Friday, 7:30am - 4:30pm.

I. APPLICANT INFORMATION

Full Name: Last First Middle
Home Address: Street Address City / State Zip
Emory ID #: Work location: Work phone:
Email Address: Work hours: Cell phone:

II. COMMUTE ALTERNATIVE PROGRAM OPTION

How did you hear about the Commute Alternatives Program (CAP)? (Circle one)

Word of Mouth Signage Email Website In-Person Event Parking Office Front Desk Other

Check one box and complete the section below it.

Public Transit (Circle one)

Monthly unlimited pass:

MARTA Xpress GCT CobbLinc

If you use a regional pass (Xpress/GCT/CobbLinc) AND MARTA for your commute to work, please check here for a 20-Trip MARTA Pass.

Emory Commuter Shuttle (Circle one)

North DeKalb Park-and-Ride CCTMA
South DeKalb Park-and-Ride Executive Park

Active Commute (Circle one)

Bike Walk Drop-off

Carpool 2-person 3+ person

I am Primary Secondary (Circle one)

Primary Driver Name

Primary Driver Phone

Secondary carpool participants:

Name

Name

Name

Each carpool participant must complete a separate CAP registration form.

Vanpool Van #

Primary Driver Name

Primary Driver Phone

III. COMMUTE ALTERNATIVE PROGRAM BACKUP BENEFIT Main Campus employees ONLY

Commute Alternative Program Benefits: Check one box to select your back-up benefit.

20-Swipe CAP Pass

Occasional use parking swipes

40-Trip MARTA

Trips to use on MARTA

10 Swipe CAP Pass + 20-Trip MARTA

Combination of parking swipes and MARTA trips

CAP pass and 40 Trip MARTA are pro-rated based on the academic calendar year. If you select public transit or MARTA trips, you must sign the transit subsidy agreement on pg 2. Please allow up to 5 days for processing.

IV. VEHICLE INFORMATION

Make (Manufacturer)

Model

License Plate #

State of Registration

Primary color

PERMIT # Dept. Use ONLY

Pkg. Code:

Initials: Date: / /

V. AGREEMENT / SIGNATURE

CAP Participation Agreement

I understand that I am responsible for obtaining and familiarizing myself with Emory’s Parking Rules & Regulations, and by my signature below agree to abide by the following:

- If my participation in CAP changes at any time during the year, I will notify TPS within five (5) business days. This include changes to employee status i.e. LOA, FMLA, termination, work location, etc.
- I understand I am required to swipe my CAP permit and display it when parked in a deck during parking business hours, even if the gates are raised. One swipe equals one day of parking, so parking for multiple days on only one swipe is not allowed and is a violation of parking rules and regulations.
- I understand TPS will audit the CAP participation periodically for integrity and statistical purposes.
- I understand providing false information or program misuse may result in a suspension of CAP benefits, parking privileges and is a violation of University Standards of Conduct.

I agree to abide by established regulations regarding any commute subsidies that I receive by registering in a CAP. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Georgia Commute Options - Guaranteed Ride Home Agreement

I understand that I will be enrolled into the regional Guaranteed Ride Home Program (GRH) unless I check here to opt out: I, the undersigned, understand the rules of GRH and acknowledge that inappropriate use of this service will require that I reimburse all expenses incurred by Georgia Commute Options, a program of the Atlanta Regional Commission (ARC). I recognize that participation in GRH is strictly voluntary and that such participation does not in any manner imply that I am acting in the course and scope of official company business, nor does it in any manner establish an employer-employee or an agency relationship with the provider. I hereby assume full responsibility and all risk of injury or loss, including death, which may result from my participation in this program and hereby agree to hold harmless, release, waive, forever discharge and covenant not to sue or bring claims against ARC/Georgia Commute Options, Georgia Department of Transportation (GDOT), the Federal Highway Administration (FHWA), other governing agencies, their officers, agents, or employees. The terms of this release shall serve as a release and assumption of risks for my heirs, executors, administrators and for all of my family members. I acknowledge that I have read this information and have been fully advised of the potential risks associated with participating in GRH. I further understand and acknowledge GRH may be changed at any time without notice.

Employee Name (print)

Employee Signature

Transit Subsidy Agreement – Breeze Card

As a Public Transit registered participant, I agree to the following:

- Public transit is my primary mode of transportation to and from work.
- The transit pass is for my sole use and cannot be sold or shared with anyone else.
- The transit pass can be used for occasional non-work related travel.
- Misuse of the transit pass may result in revocation of transit privileges.
- A lost or stolen transit pass should be reported immediately to Transportation & Parking Services. There is a \$5 replacement fee for replacement cards.
- I will notify Transportation & Parking Services if I stop using the transit pass to commute to/from work.

Employee Signature

Employee ID

Date

Parking Staff