EMORY UNIVERSITY
TRANSPORTATION & PARKING SERVICES

EMPLOYEE
SMART Commute Program
Registration Form

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. Please allow up to 5 business days for processing.

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. SMART COMMUTE PROGRAM OPTION

How did you hear about the SMART Commute Program? (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 SMART Commute registration form.

☐ Vanpool
   Van #: ________________________________
   Primary Driver Name: ________________________________
   Primary Driver Phone: ________________________________

III. SMART COMMUTE PROGRAM BACKUP BENEFIT  Main Campus employees ONLY

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

☐ 20-Swipe SMART Pass
   Occasional use parking swipes

☐ 40-Trip MARTA
   Trips to use on MARTA

☐ 10 Swipe SMART Pass + 20-Trip MARTA
   Combination of parking swipes and MARTA trips

SMART pass and 40 Trip MARTA are pro-rated based on the academic calendar year.

IV. VEHICLE INFORMATION

Make (Manufacturer): ________________________________ Model: ________________________________
License Plate #: ________________________________ State of Registration: ________________________________ Primary color: ________________________________