

# 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.



# Carpool Parking Permit Application

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. **Scan and return to [hrcommuterservices@sbcounty.gov](mailto:hrcommuterservices@sbcounty.gov)**

*PRIMARY APPLICANT INFORMATION (Please print)*

Name: _____	Employee #: _____	Work Phone: _____
Department: _____	Mail Code: _____	
Home Address: _____	City: _____	Zip: _____
Home Mailing Address: _____	City: _____	Zip: _____
Vehicle Year: _____	Make: _____	Model: _____ License Plate #: _____
Signature: _____	Date: _____	

*SECONDARY APPLICANT INFORMATION (Please print)*

Name: _____	Employee #: _____	Work Phone: _____
Department: _____	Mail Code: _____	
Home Address: _____	City: _____	Zip: _____
Home Mailing Address: _____	City: _____	Zip: _____
Vehicle Year: _____	Make: _____	Model: _____ License Plate #: _____
Signature: _____	Date: _____	

*ADDITIONAL APPLICANT INFORMATION (Please print)*

3 <sup>rd</sup> Name: _____	Employee #: _____	Work Phone: _____
Department: _____	Mail Code: _____	
Home Address: _____	City: _____	Zip: _____
Home Mailing Address: _____	City: _____	Zip: _____
Vehicle Year: _____	Make: _____	Model: _____ License Plate #: _____
Signature: _____	Date: _____	

4 <sup>th</sup> Name: _____	Employee #: _____	Work Phone: _____
Department: _____	Mail Code: _____	
Home Address: _____	City: _____	Zip: _____
Home Mailing Address: _____	City: _____	Zip: _____
Vehicle Year: _____	Make: _____	Model: _____ License Plate #: _____
Signature: _____	Date: _____	

**OFFICE USE ONLY:**

Date: \_\_\_\_\_ Site Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Site Number: \_\_\_\_\_ 2nd Permit Number: \_\_\_\_\_