



2008-2009 Motorized Cycle Users Form for Emory University / Emory Healthcare Employees

Complete this form if you will commute to Emory by motorcycle, moped, or scooter.

Please allow five business days to process this application. Please complete reverse side to register for Guaranteed Ride Home program.

CHECK ONE

- checkbox New applicant for motorized cycle user
checkbox Currently registered as a motorized cycle user changing/ updating information

1. REGISTRATION INFORMATION Please print.

NAME LAST FIRST M.I.
EMORY ID NUMBER* OTHER ID
WORK LOCATION
DEPARTMENT

*Your Emory ID Number, a 7-digit number, is located on your payroll check form.

3. PARKING ACCOMMODATION

Is disability parking accommodation needed?
checkbox Yes checkbox No

Parking accommodations may be available once the registration process is completed with the Office of Disability Services (ODS) for persons with a documentable disability or chronic medical condition.

For Emory system employees, both the Emory and current state-issued accessible hangtags are required.

For more information, please contact ODS at 404.727.6016 or 404.712.2049 (TTY/TDD).

4. EMPLOYMENT

Emory University Employee

- checkbox Faculty checkbox Staff
checkbox Principal
checkbox Resident checkbox Other
checkbox Emory Temp Services

Emory Hospital Employee

- checkbox Principal checkbox Staff
checkbox Other

The Emory Clinic Employee

- checkbox Principal checkbox Staff

2. ADDRESS INFORMATION Please print.

HOME ADDRESS
CITY STATE ZIP
EMAIL ADDRESS
OFFICE PHONE HOME PHONE

5. MOTORIZED CYCLE INFORMATION

Type of motorized cycle: Make/Model:
License Number: State:
Primary color: Over 50cc? yes no
VIN:
Please produce a copy of the motorized cycle registration and license if required by law.

6. STATUS

- Full Time checkbox Regular checkbox Temporary
Part Time (20+ hours/week)
checkbox Regular checkbox Temporary
Part Time (fewer than 20 hours/week)
checkbox Regular checkbox Temporary

7. WORK LOCATION

- checkbox Main Campus (Clifton Corridor)
checkbox Off Campus (list work location)

8. MOTOR VEHICLE PERMIT

- Type of permit:
checkbox Regular parking permit OR
checkbox Eagle permit for occasional vehicle parking
checkbox NONE

9. PERMITS ISSUED

Motorized cycle permit #:
Eagle or regular permit #:

10. I UNDERSTAND THAT: (Please initial one.)

I am committing to using a motorcycle, moped, or scooter as my primary mode of transportation to and from work. I must register my car to purchase an Eagle permit for the time I must drive to and from work. I must register my car to purchase an Eagle permit for the time I must drive to campus. The Eagle permit will allow me to park at my assigned deck twenty (20) times during the parking year. If I need to park more often, I may purchase additional swipes for my Eagle permit.

I will use my motorized cycle in conjunction with my regular parking permit.

My signature verifies that the information provided above is correct. I understand that it is my responsibility to obtain/read the parking rules and regulations. I furthermore agree to abide by the regulations whenever I bring a vehicle to the Emory campus and will immediately report when I no longer use an approved form of alternate transportation to and from work.

SIGNATURE

DATE

* Current automobile registration and driver's license must be submitted to obtain an Eagle permit.

LABEL

Ridematch Application / Guaranteed Ride Home Registration

You may submit your information below or electronically at www.187ridefind.com to receive an immediate ridematch list and/or to register for the Guaranteed Ride Home program. For GRH only, complete 1, 2, 3, 5, 6, 7, 8, 9, 13, 17

- 1) **First name** _____ **Middle initial** _____
Last name _____ **Apt.#** _____
- 2) **Home address, or origination point.** (no P.O. Box) _____ **State** _____ **Zip** _____
- 3) **Closest intersection** (two streets) _____
- 4) **Mailing address** (if different from above) _____ **State** _____ **Zip** _____
- 5) **Home phone** (confidential) _____ **Cell phone** _____
- 6) **Employer** _____
- 7) **Employer address** _____ **Building** _____ **Site** _____
- 8) **Work phone** _____ **Extension** _____
- 9) **Email address** _____

- 10) I prefer to be contacted at: work home email*
11) Arrive at work _____ a.m. p.m. Leave work _____ a.m. p.m.
12) Are your hours flexible? 15 min. 30 min. 45 min. 60 min. Not flexible
- 13) **I am interested in:** carpool match vanpool match Guaranteed Ride Home Program

- 14) In a carpool, I prefer to be a: Driver Rider Either
15) If driver do you have a car? Yes No
16) In a vanpool, I prefer to be a: Driver Rider Either

- 17) **Usual mode of transportation to work?**
 Carpool Vanpool MARTA bus
 MARTA rail CCT bus Walk
 Bicycle Telework Drive alone

- Transportation & Parking website
 Parking registration location
 Email message

GUARANTEED RIDE HOME (GRH) PROGRAM

- I already carpool, vanpool, walk, bike, or take transit to/from work. Sign me up for the **Guaranteed Ride Home Program** (your employer must be a participant for you to be registered).

OFFICE USE ONLY

Work Status

- Regular FT/PT (20+ hours) FT Temp
 PT Regular (fewer than 20 hours)/ PT Temp
 Ineligible _____
 Other _____

Previous Status

- New Renewal
 Returned permit on ___/___/___
 Returned permit # _____
 Other _____
Verified By/Date _____

Deck/lot location _____

Value pass # _____

Payment amount _____

Must provide original or copy of:

Vehicle registration _____

Driver's license (State/#/Exp.) _____

Initials _____

Date _____