

Register a Car or Vanpool at Capitol Complex

DO NOT USE THIS FORM TO REGISTER A COMMUTER VAN POOL from the State Commuter Van Pool Program.

Per the Capitol Complex Commuter Policy dated May 20, 2005:

- A car pool consists of two (2) people, including the driver. At least two (2) members must be employees in the Capitol Complex.
 - A van pool consists of at least five (5) people, including the driver. At least three (3) members must be employees in the Capitol Complex.
- Other conditions apply. You can find more information about the 2005 Capitol Complex Commuter Policy at www.admin.state.mn.us/pm

Provide information about all members of the pool below. (Please print)

(Attach another sheet if needed.)

1. Pooler (driver rider only)

Work Information

State Agency Name

- | | |
|--|---|
| <input type="checkbox"/> 691 North Robert Administration | <input type="checkbox"/> Judicial Center |
| <input type="checkbox"/> Agriculture/Health Laboratory | <input type="checkbox"/> St. Paul Armory |
| <input type="checkbox"/> Andersen | <input type="checkbox"/> Stassen |
| <input type="checkbox"/> Capitol | <input type="checkbox"/> State Office |
| <input type="checkbox"/> Centennial Office | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Freeman | <input type="checkbox"/> Veterans Service |

I work at another location (please specify) _____

Work Phone Number

Work Hours

Work Information

State Agency Name

- | | |
|--|---|
| <input type="checkbox"/> 691 North Robert Administration | <input type="checkbox"/> Judicial Center |
| <input type="checkbox"/> Agriculture/Health Laboratory | <input type="checkbox"/> St. Paul Armory |
| <input type="checkbox"/> Andersen | <input type="checkbox"/> Stassen |
| <input type="checkbox"/> Capitol | <input type="checkbox"/> State Office |
| <input type="checkbox"/> Centennial Office | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Freeman | <input type="checkbox"/> Veterans Service |

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Work Phone Number

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| <input type="checkbox"/> Andersen | <input type="checkbox"/> Stassen |
| <input type="checkbox"/> Capitol | <input type="checkbox"/> State Office |
| <input type="checkbox"/> Centennial Office | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Freeman | <input type="checkbox"/> Veterans Service |

I work at another location (please specify) _____

Work Phone Number

Work Hours

Name of pooler _____

Home Address (Street, Apt. #) _____

City, State, Zip _____

Home Phone Number _____

E-mail address _____

2. Pooler (driver rider only)

Name of pooler _____

Home Address (Street, Apt. #) _____

City, State, Zip _____

Home Phone Number _____

E-mail address _____

3. Pooler (driver rider only)

Name of pooler _____

Home Address (Street, Apt. #) _____

City, State, Zip _____

Home Phone Number _____

E-mail address _____

4. Pooler (driver rider only)

Name of pooler _____

Home Address (Street, Apt. #) _____

City, State, Zip _____

Home Phone Number _____

E-mail address _____

5. Pooler (driver rider only)

Name of pooler _____

Home Address (Street, Apt. #) _____

City, State, Zip _____

Home Phone Number _____

E-mail address _____

All poolers must sign. I verify that the above information is true and correct, that I meet the guidelines of the Capitol Complex Commuter Policy and that I have read and understood the Tennessee Warning on the reverse side.

Pooler 1 _____ Date _____

Pooler 2 _____ Date _____

Pooler 3 _____ Date _____

Pooler 4 _____ Date _____

Pooler 5 _____ Date _____

Pool registers with incomplete information cannot be considered and will be returned by mail to the first person on the list. for more information call 651.297-3993

A pool registration must be renewed every 6 months.

Per the Capitol Complex Commuter Policy dated May 20, 2005 all decisions are final.

Tennessee Warning

1. You will be asked to provide certain information on this form for the purpose of providing you and like applicants with rideshare services.
 2. Participation in the Metro Commuter Services program is strictly voluntary, and you are not required by law to furnish any of the information requested on this form.
 3. The following information requested on this form is classified as private data under the Minnesota Government Data Practices Act:(a) your residential address and telephone number; (b) your beginning and ending work hours; (c) your current mode of commuting to and from work; and (d) the type of rideshare service information you have requested. All other information you provide is considered public data and is accessible by any person for any reason.
 4. You should know that any of the information you provide, whether classified as private or public, will be provided to certain other entities and individuals in order to supply you with the requested rideshare services. These entities and individuals include other agencies or governmental units, employers that are participating in the matching of information of rideshare applicants, and other matched rideshare applicants. In order to provide you with rideshare service(s), match lists containing your name, address, employer, telephone number(s) of your choice, working hours and rideshare preference may be sent to any of the above entities or individuals.
 5. The only consequences of not furnishing all of the information on this form are: 1) The rideshare program will be denied data to be used for statistical evaluation, and 2) The rideshare program's ability to supply you with the requested services may be restricted.
 6. The information provided by you on this form will be used solely and exclusively for providing you and like applicants with rideshare service.
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Complete this register and return to:

Plant Management
50 Sherburne Ave room G-10
St Paul MN 55155