

Name _____

Date of Birth _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Company Phone _____ Email _____

Driver's License Number _____

State Where Licensed _____

I will fulfill my responsibilities as van driver for my vanpool by agreeing to the following:

- Show proof of my valid driver's license.
- Complete a Mileage Log, Fleet Card Purchase Report, Roster and Expense Report (if necessary) and submit with receipts to Ticket to Ride (TTR) by the 5th of the following month. Vanpool forms received after the 5th of the month will forfeit the group's eligibility for driver credit.
- Note on the Mileage Log any subsidies that the group would like to use for the month (see Empty Seat Assistance Guidelines for proper use).
- Initial (legibly) each day on the Mileage Log that I drive. Driver credit is calculated by dividing the van's monthly operating costs by the number of commute days. Primary drivers must drive 75% of the commuting days in order to receive a free commute and 200 free personal miles for the month. Drivers that commute less than 75% of the commute days will be considered a back-up or part-time driver and will receive credit only for the days they drive.
- Notify the TTR billing office in advance of vacation if I am a primary driver and will not be driving 75% of the commuting days for the month. If TTR does not receive advance notice, the primary driver will be considered a passenger and will be billed for the days he/she did not drive.

- Complete oil changes every 3000 miles. Two warnings will be issued for violation of this agreement; the third occurrence will result in termination of driving privileges.
- Fuel and clean the van during non-commute times.
- Notify TTR of any changes (deletions or additions) in the roster.
- Obey all applicable state statutes, local ordinances, and regulations related to the operation of a vehicle.
- Enforce the wearing of seat belts.
- Shall not allow any other person to drive the van until Lancer Insurance has approved them.
- Be punctual and pick-up vanpool members at designated points to and from work.
- Contact an approved driver when unavailable to drive, such as illness or vacation.
- Prohibit the drinking of alcohol or smoking in the van.
- Refrain from using alcohol or drugs which are illegal or prohibitive of proper driving, prior to or while driving the van during both commute and non-commute times.
- Report any accidents immediately to Lancer Insurance and TTR involving property damage or bodily injury, including the completion of an accident report form; provide TTR with claim number issued by Lancer Insurance.
- Do not alter the appearance or contents of the vehicle unless previously approved by Transit Authority of River City (TARC) and TTR.
- Agree to select passengers without regard to race, color, religion, sex, age, national origin or handicap.
- Abide by all operational practices of the vanpool as established by the vanpool group. If my driving practices are not met to the satisfaction of my vanpool group, including safety, dependability, promptness, etc., then the vanpool group has the option to ask me to step down as driver with a majority vote by the group.
- Shall not engage in using an electronic device for talking, texting, or any other purpose that would distract me from giving my full attention to the operation of the vehicle. If I need to perform such tasks, I will safely pull off the road and bring the vehicle to a complete stop before engaging in the task. These prohibitions do not apply in an emergency situation where police, fire, ambulance, or another entity must be contacted immediately. Caution is advised.

I authorize you and your insurance company to use my driver's license information to investigate my driving record. I understand that you are performing this review to assure the safe operation of my vanpool group. I understand and agree that a breach of any of these points is ground for termination of my driver responsibilities. This agreement will terminate automatically if I lose my driver's license.

Signature _____ Date _____



11520 Commonwealth Drive | Louisville, KY 40299 | 502-267-5400 | 502-266-6032 fax

