MONTGOMERY COUNTY *GET-IN* PROGRAM
APPLICATION FOR PARTICIPATION

I, _____, _____, ID# _____
(Name) *(Title)* *(County ID/C- Pass)*
Division of _____, Department of _____, state as follows:

SmarTrip Card # _____

1. I am now and at all times referred to in this application, an employee of Montgomery County Government.

2. I am competent to make this decision and I do so with the best information, knowledge, and belief.

3. I am familiar with the regulations of the *GET-IN* program for Montgomery County Government employees.

4. I will be traveling to work by:
   __ RIDE-ON __ MARC Commuter Rail
   __ METROBUS (MD) __ METRORAIL

5. I am turning in or have already turned in my Parking Permit or Parking Convenience Sticker, or I have given up or will give up my reserved parking space.

6. I understand that I am eligible for the Guaranteed Ride Home Provision for taxi/transit reimbursement from my department in case of a certified bona fide emergency.

I do solemnly declare and affirm under the penalties for perjury that the fact and matters contained in the foregoing are true and correct to the best of my knowledge, information, and belief.

_____ _____
(Date) (Signature of *GET-IN* Program applicant)

Name (please print) _____

Home Address _____

Work Address _____

Work Hours _____ to _____ Work Phone No. _____

How were you traveling to work before joining GET-IN?
__ Drive Alone __ Transit __ Vanpool __ Carpool
__ Size of Carpool __ Capacity of Carpool __ Days per Week __ Other: _____

(PLEASE ATTACH A COPY OF YOUR MCTIMES/PAY STUB)
ALL SUBSIDY MUST BE USED WITHIN THE GIVEN MONTH, AND NOT CARRIED OVER INTO THE NEXT MONTH.

TO BE COMPLETED BY THE MANAGER OF THE GET-IN APPLICANT

By signing this application, I understand that my employee, _____, is applying to participate in the *GET-IN* Program. (Mr. /Ms.) _____ (check one :) ____ was ____ was not issued a parking permit by the Facilities Division of the Department of Public Works and Transportation. Also, should this employee need to leave the work site unexpectedly because of an emergency, the taxi or transit costs will be paid by the applicant/participants department.

_____ _____
(Date) (Supervisor/Manager's Signature)

_____ _____
(Date) (Supervisor/Manager's Print Name)

FOR DIVISION OF TRANSIT SERVICES USE ONLY

Parking Permit or sticker received by _____ Permit No. _____ Parking Location _____
County Employee verified by Paystub, Time Sheet, PAF, or Letter of Appointment by_____
Assigned *GET-IN* Card Number: _____ Date: _____ Initials: _____