

# 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 # \_\_\_\_\_ (SmarTrip Card must be registered prior to submitting application.)

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. \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_

How were you traveling to work before joining GET IN?

Drive Alone  Transit  Vanpool  Days per Week  Other: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MCTIME TIMECARD, PAF, LETTER OF APPOINTMENT, OR PAY STUB. INCOMPLETE APPLICATION WILL NOT BE PROCESSED. SUBSIDY MUST BE USED WITHIN THE GIVEN MONTH, AND CANNOT BE CARRIED OVER INTO THE NEXT MONTH.**  
If you have questions, please call Fare Media Unit (240-777-5883).

### 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 Division of Parking Management, Department of Transportation. She/he commutes to work on public transit when working on-site and does not drive. 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's/participant's department.

\_\_\_\_\_  
(Date) (Supervisor/Manager's Signature) (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: \_\_\_\_\_

