

PLEASE PRINT

**Washington State
Department of Transportation
Washington State Ferries**

**Rideshare Registration Program
Permit Application**

WSF Rideshare Registration

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

Indicate **one** AM and **one** PM Departing Terminal and Sailing Time from the terminals listed below.*

AM Departing Terminal _____

Sailing Time _____ AM

PM Departing Terminal _____

Sailing Time _____ PM

**Issuance of permits dependent upon availability.*

WSF terminals participating in the Rideshare Program:

Point Defiance/Tahlequah
Bainbridge/Seattle
Port Townsend/Keystone

Fauntleroy/Southworth/Vashon
Edmonds/Kingston

Bremerton/Seattle
Mukilteo/Clinton

All changes to rider information and sailing times must be communicated to WSF through the registered permit holder only. It is the responsibility of the registered permit holder to notify WSF of any/all changes to rideshare group including dissolution of group by calling 1-888-808-7977.

1) **Permit Holder:** (please print) _____ Phone No. (____) _____
Home Address _____ City _____ Zip _____
Employer _____ Phone No. (____) _____
Address _____ City _____ Zip _____
Signature _____ Date _____

I have read and understand the terms and conditions of the rideshare program.

Email address _____ (optional)

Carpool Registration
(3 or more persons, including the driver)

Vanpool Registration
(5 or more persons, including the driver)

List each vehicle that will utilize this permit.

	Make	Model	Year	License Plate No. Required
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Mail your application to:

Rideshare Registration Program
Washington State Ferries
Revenue Accounting/F829999
P.O. Box 3985
Seattle, WA 98124-3985

Please enclose a \$20 check or money order made out to
"Washington State Ferries". **Do not send cash.**

Vehicle identification.

Make	Model	Year	Rideshare License Plate No.
_____	_____	_____	_____

HOV No. _____
(No. on vehicle) (public transit vehicles only)

Transit Agency: _____
(Metro, Kitsap, Island, etc.)

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Rideshare Registration Program
Washington State Ferries
Revenue Accounting/F819999
P.O. Box 3985
Seattle, WA 98124-3985

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Rideshare Members Certification: We, the undersigned, have read the rules and regulations of the WSF Rideshare Program and certify that together we are members of a commuter rideshare group; or will be upon receipt of the Permit for which this application is being made. We agree to use the Permit only for the purpose for which it is issued. We agree to abide by the policies and rules set forth in the rideshare program and acknowledge that WSF may revise those policies and rules and those participants shall comply with such revisions in order to continue to participate in the WSF rideshare program. We realize that should any of the information contained herein be found to be untrue, or the Permit be improperly used at any time, the Permit privileges may be revoked.

2) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

9) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

3) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

10) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

4) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

11) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

5) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

12) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

6) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

13) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

7) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

14) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

8) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

15) Name _____ Phone (____) _____
Home Address _____
City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____