

**Participant Information**

*Please complete all information. Your Vanpool Support Specialist will update your personal information accordingly.*

Name: \_\_\_\_\_  
First Middle Last Nickname

Address: \_\_\_\_\_  
Street Apt # City State Zip Code

Contact Info: \_\_\_\_\_  
Email Address Home Phone Number Work Phone Number Cell Phone Number

*UTA Vanpool Program information will be communicated by email.*

*If your employer has changed, please complete the following section:*

Employer Information: \_\_\_\_\_  
Employer Name

Address: \_\_\_\_\_  
Street Suite City State Zip Code

**Vanpool Change Request**

*As a UTA Vanpool Participant, I am requesting to change from:*

Van Number: \_\_\_\_\_ Vanpool Leave Date: \_\_\_\_\_ Group Point Of Contact: \_\_\_\_\_

*to change to:*

Van Number: \_\_\_\_\_ Vanpool Join Date: \_\_\_\_\_ Group Point Of Contact: \_\_\_\_\_

Reason for the change: \_\_\_\_\_

*I participate as a:  
Check all that apply*

- Part-time Rider     Full-time Rider     Bookkeeper     Backup driver     Primary Driver

**Termination of Participation**

*Temporarily Leaving the Vanpool*

Van Number: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Anticipated Return Date: \_\_\_\_\_

*Permanently Leaving the Vanpool*

Van Number: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

*I participate as a:  
Check all that apply*

- Part-time Rider     Full-time Rider     Bookkeeper     Backup driver     Primary Driver

**Exit Van Survey**

Are you current on the fare you owe UTA?     Yes     No    If no, what do you owe? \_\_\_\_\_

When can we expect payment? \_\_\_\_\_

Does leaving your vanpool drop the number of riders below 7?     Yes     No

Do you have any feedback for UTA concerning the Vanpool Program? \_\_\_\_\_

*I understand that changes specified on this form will be in effect according to the dates listed above. If terminating participation from the UTA Vanpool program, I understand that a new Participation Agreement will have to be submitted.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Administrative Use Only**

VCode: \_\_\_\_\_ Commuter ID #: \_\_\_\_\_ Date Updated: \_\_\_\_\_ Removed: \_\_\_\_\_

**Please email or fax Vanpool Participant Change/Termination Form**

**Email to:** Your Vanpool Support Specialist OR utarideshare@rideuta.com

**Fax to:** (801) 287-5031