



USAID Carpool/Vanpool Application

PRIVACY ACT STATEMENT

AUTHORITY: The Federal Property and Administrative Services Act of 1949 (40 U.S.C. para 471 et seq) and Federal Property Regulations (41 C.F.R. paras 101-20.111 and 101-20.117).

PURPOSE: To allocate and provide administrative controls over allocated parking permits in facilities under the jurisdiction of USAID.

ROUTINE USES: In response to specific inquiries, names, zip codes, and work telephone numbers from this application may be disclosed for the purpose of making ridesharing arrangements. It may also be disclosed to other Federal agencies for verifying vanpool/carpool eligibility for a parking permit and to the Department of Justice where there is reason to believe an individual has violated the law to enable prosecuting such violation. The submission of this form is voluntary; however, those individuals who do not submit a form or fail to supply all of the information requested on this form may delay or prevent approval of their application.

USAID Direct Hires and PSC's applying for carpool / vanpool permits must complete this application and return to transitbenefitprogram@usaid.gov. Once received, M/MS will respond to the request within two business days. For more detailed information about USAID Carpool/Vanpool, please refer to [ADS 514](#).

- New application

 Recertification

 Add/change riders

Primary Carpool Applicant Information

Full Name: _____ Date _____

Wk. Phone: _____ Wk. Email: _____

Bureau/Office/Division: _____

USAID building for which you are requesting parking: _____

Please check to acknowledge the following:

- I certify that I am not participating in USAID's Transit Program.
- I agree to make payments in pay.gov by the 10th of each month.
- I understand that if I am delinquent in making payments, my parking will be revoked.
- I understand that my parking space may be taken for reasons listed in ADS 514 with two weeks' notice or until the end of the month for which I have already paid, whichever is more.
- I agree to comply with ADS 514.

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Annually carpools/Vanpools are recertified and all permit holders must resubmit a new application during this process.

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Carpool Applicant Information (1)

Full Name: _____ Date _____

Wk. Phone: _____ Wk. Email: _____

Bureau/Office/Division: _____

USAID building for which you are requesting parking: _____

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a USAID employee |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not a USAID employee but a Federal employee who works in a facility co-located with USAID |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a Federal employee who does not work in a facility co-located with USAID |

If you are not a USAID employee, you must attach proof that you do not received transit benefits from your employing agency to this application.

Please check to acknowledge the following:

- I certify that I am not participating in any other transit benefits from USAID or other Federal agencies.
- I understand that my parking space may be taken for reasons listed in ADS 514 with two weeks' notice or until the end of the month for which my carpool has already paid, whichever is more.

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

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Carpool Applicant Information (2)

Full Name: _____ Date _____

Wk. Phone: _____ Wk. Email: _____

Bureau/Office/Division: _____

USAID building for which you are requesting parking: _____

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a USAID employee |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not a USAID employee but a Federal employee who works in a facility co-located with USAID |
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Signature

I certify that my answers are true and complete to the best of my knowledge. (Applicant 2)

Signature: _____ Date: _____

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Carpool Applicant Information (3)

Full Name: _____ Date _____

Wk. Phone: _____ Wk. Email: _____

Bureau/Office/Division: _____

USAID building for which you are requesting parking: _____

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a USAID employee |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not a USAID employee but a Federal employee who works in a facility co-located with USAID |
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Signature

I certify that my answers are true and complete to the best of my knowledge. (Applicant 3)

Signature: _____ Date: _____

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Carpool Applicant Information (4)

Full Name: _____ Date _____

Wk. Phone: _____ Wk. Email: _____

Bureau/Office/Division: _____

USAID building for which you are requesting parking: _____

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a USAID employee |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not a USAID employee but a Federal employee who works in a facility co-located with USAID |
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Signature

I certify that my answers are true and complete to the best of my knowledge. (Applicant 4)

Signature: _____ Date: _____

**If there are more than five participants in a vanpool, please contact M/MS at transitbenefitprogram@usaid.gov.