

# GUARANTEED RIDE HOME REGISTRATION

## PERSONAL CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Last Name:		Driver's License #:	
First Name:			
Home Phone:	Cell:	E-mail:	
Home address:			
City:		State:	ZIP Code:
Person to contact in case of an emergency:			
Emergency Phone #:			

## DEPARTMENT INFORMATION

Department Name:			
Address:		City:	ZIP Code:
Immediate Supervisor Name:			
Telephone:	Fax:	E-mail:	
Registrant's Work Hours:			
Length of employment:	Years	Months	
GRH Policy Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined

## TRANSPORTATION MODE INFORMATION

Car pool:	<input type="checkbox"/>		
Van pool:	<input type="checkbox"/>		
Walk:	<input type="checkbox"/>	Bicycle:	<input type="checkbox"/>
Name of Car Pool Contact Person:			
Phone # of Contact Person:			
Department Name of Contact Person:			
Name of Van Pool Contact Person:			
Phone # of Contact Person:			
Department Name of Contact Person:			

## AGREEMENT

1. All information above is true and accurate to the best of my knowledge.
2. I agree to notify PCAQCD within (7) seven days of changes in my status with Pinal County as well as any changes to the information on my GRH registration form.
3. By submitting this registration, you authorize PCAQCD to verify all information listed. PCAQCD reserves the right to terminate GRH privileges based on Pinal County's GRH Policy.

## SIGNATURES

Registrant Signature:	<u>PCAQCD OFFICE ONLY</u>
	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature:
Date:	Date: