



# REDMOND TRIP RESOURCE & INCENTIVE PROGRAM Vanpool Driver Bonus Application

This form is for use by new vanpool drivers or backup drivers who have completed **six months** of being a new vanpool driver or backup driver. Qualified drivers will receive a **\$100 subsidy**.

**In order to be processed, this form must be complete and legible. Please type or print.**

## Driver Information

This request is for (name): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Driver Training Completed: \_\_\_\_\_

## Vanpool Information

Vanpool Agency: \_\_\_\_\_ Vanpool #: \_\_\_\_\_

### To receive your Vanpool Driver Bonus:

- ♦ Complete **and** sign this form;
- ♦ Mail or fax this application to the address provided to the right.

**Please Send Form to:**

Go Redmond c/o City of Redmond PO  
Box 97010 MS: 4SCC Redmond, WA  
98073-9710

or email to [support@goredmond.com](mailto:support@goredmond.com)

## Program Rules

- ♦ Participant must either live in, or work in the City of Redmond at an employer with a current Redmond business license.
- ♦ One bonus per participant - this is a one time bonus.
- ♦ The bonus is only available for drivers who have completed six months of being a new vanpool driver or backup driver.
- ♦ Application must be received within 30 days of completing six months of being a new driver or backup driver.
- ♦ Fraudulent use of any R-TRIP subsidy or reward, as determined at the sole discretion of the City of Redmond, immediately suspends all subsidies and obligations of the R-TRIP program for the participant.
- ♦ Participants must be gainfully employed and incentives must be used for commuting purposes (i.e. traveling to and from work), and are *not* intended for trips taken to school, or other non-work related trips.
- ♦ Requests must be received by the 20th of the current month in order to receive a bonus for the following month.

**I agree to the Program Rules and certify that the information provided is accurate:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_