

**NORTHERN SHENANDOAH VALLEY REGIONAL COMMISSION
VALLEY COMMUTER ASSISTANCE PROGRAM**

103 East Sixth Street Front Royal, Virginia 22630
(540) 635-4146 E-mail: rideinfo@shentel.net

**Virginia Department of Rail and Public Transportation
Certification for Vanpool Assistance Program**

I CERTIFY AND AFFIRM:

1. That this is a legitimate nonprofit ridesharing arrangement, according to Section 46.2-1400 of the Code of Virginia which states:

Ridesharing Arrangement: means the transportation of persons in a motor vehicle when such transportation is incidental to the principal purpose of the driver, which is to reach a destination and not to transport persons for profit. This term includes ridesharing arrangements known as car pools, vanpools, and bus pools.

2. That the van has Virginia PV plates and is under a commercial auto policy or vanpool policy.
3. That I will immediately notify the Valley Commuter Assistance Program when I no longer qualify for the Vanpool Assistance Program;
4. That I am aware that the information I have provided is subject to review and verification;
5. That I have not requested or received State financial assistance for this van/vanpool for the last 12 months;
6. That no more than 49% of the total riders in the vanpool have participated in a State financial vanpool assistance program in the previous 12 months;
7. That the matters and facts contained in the foregoing application are true and subject to verification;
8. That I understand this is a voluntary program and will not hold the State of Virginia, the Valley Commuter Assistance Program, or their employees liable for any injuries or damages; and
9. That if I misuse the assistance I may be held guilty of criminal fraud and breach of contract. The Department of Rail & Public Transportation will be allowed to take appropriate action.

Date: _____

Applicant Signature: _____

Applicant Name (Please print clearly) _____

Address: _____

Application approved:

Date: _____ Ridesharing Manager: _____
Valley Commuter Assistance Program

Executive Director _____
Northern Shenandoah Valley Regional Commission

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**Virginia Department of Rail and Public Transportation
VANPOOL SUBSIDY PROGRAM**

MONTHLY SUBSIDY REQUEST DOCUMENTATION

Please have all Vanpool riders sign and indicate monthly payment they pay:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Total Monthly Subsidy Request: \$