SolVan Vanpool Subsidy Program - Vanpool Manifest and Change Form Sponsored by the SunLine Transit Agency



If you are applying to the SolVan program, ONLY complete Sections A & B. When completed, email the document to SolVan@SunLine.org. Changes AFTER Your Vanpool Has Been Approved: When changes occur, only fill out the applicable sections below and email to SolVan@SunLine.org. If you have passengers leaving or joining the vanpool, fill out Section B by providing ALL odometer readings for the driver & each passenger, in order of pickup from Home to Work & then from Work to Home. Document the odometer reading to the tenth (XXXX.X format). For passenger changes, also fill out Section C to indicate the passengers leaving and/or joining the vanpool and their contact info.

		Cootian A. Information on	Who is Filling	Out this Form			
Section A: Information on Who is Filling Out this Form							
Your Name:				Dat	e Form Completed:		
Your Email:			If Change to Existing Vanpool-Your SolVan Vanpool ID:				
			Odometer Readings From Odometer Readings From				
Section B: Vanpool Manifest/Passenger List			Home to Work		to Home		
	Effective		Starting at			Arriving at	
#	Date	First/Last Name of Vanpool Participants	Home End	Work Arrival	Leaving Work	Home	
Driver							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Section C. December List Changes Identify the Changes Only & Indicate if icining or legying the venneels							

Section C: Passenger List Changes - Identify the Changes Only & Indicate if joining or leaving the vanpool:

Leaving or Joining?	Effective Date	First & Last Name of Vanpool Participants	Email	Phone	Employer	
Do you want 1 passenger above to serve as an alternate vanpool Reporter? If so, which passenger?						

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Section	D: Chang	ges to the Pick-Up locations at the ho physical addresses only and	•	•	itions at the w	ork end - use
Home En	d Pick Up	Address	City	Zip	Type: Home, Busi	ness or Landmark
Work D	rop Off	Address	City	Zip	Type: Home, Business or Landm	
	-	l Schedule - Changes to the time the v	-	•		•
		of your work day and arrives back hom	•			
Iden	itify the Da	ys of the Week the Vanpool Operates	Home Departure	Work Arrival	Work Departure	Home Arrival
		ve a 9/80 schedule where on week 2 they our vanpool has an alternate work schedule li				
		hanges to the current Leaseholder's c		tion, or if there	e is a new Leas	seholder:
If a new Lo	<u>easeholder</u>	, will he/she also be the Primary Driver?	Yes Or No		T	
Date	Phone	First/Last Name of Leaseholder	Home Address (no PO Box)		Email	
Sectio	n G: Chang	es to Leaseholder's employer, employer ad	dress, supervisor	/rideshare coord	dinator (ETC) & o	
Effective	Work	Companies of /FTO First // set News			F	Title or if an
Date	Phone	Supervisor/ETC First/Last Name	Work Email		Employer	ETC
				. 616		
Section H	: Do you ha	ave anything else to inform SolVan about yo	our vanpool or yo	ur commute? If	so, please includ	e below.