



METRO

**RideShare Program
Eligibility Notification
Emergency Temporary Driving Approval Form**

Driver approval is critical to the safe operation of a Capital Metro RideShare vehicle. Individuals interested in **temporary** approval (not to exceed 24 hours) to drive the van under **emergency conditions** must meet the requirements listed below. Capital Metro RideShare staff members make all driver approvals. All determinations are final.

1. **Age** - At least 25 years of age.
2. **Driver's License and Experience** - Must have proof of a current and unrestricted State of Texas Driver's License and have held a valid U.S. driver's license for the preceding five years. Applicant must have actually driven a minimum of 2,500 miles a year for the past three years or pass an acceptable driver's training and safety class. Restrictions for glasses or contact lenses are acceptable. Others must be reviewed in light of number 5 below.
3. **Traffic Violations and Accidents**
Definitions: Incident - a minor moving traffic violation or a minor traffic accident. **Major traffic violation** - 21+ speeding (5 years); leaving the scene of an accident in which there is bodily injury (lifetime disqualification); school bus flag violation (5 years); Alcohol related ticket (DUI, DWI - 5 years); reckless driving (5 years); negligent driving (5 years). **Major traffic accident** - Any accident that incurs a claim of over \$15,000 in cost or one, which results in disability or death. **The Standard:** A driver may have up to two minor incidents within the last three years and no major incidents within the last five years to qualify. Additionally, there may be no more than one incident in the last eighteen months.
4. **Auto Insurance History** - Must possess minimum Texas Liability insurance coverage for your own personal vehicle(s).
5. **Medical Conditions** - The highest health standards are required of Capital Metro Van/Carpool drivers. Any condition that would impair a driver's ability to drive the van may result in disqualification. Each applicant must complete and sign the Driver Application (including medical condition questions). Approval of applications with the above-mentioned condition(s) will be made upon a case-by-case basis.

Only upon confirmed receipt of this form and approval by RideShare office staff will Capital Metro provide **temporary approval** for a qualified member to drive the van in **emergency situations**.

1. Qualified member completes this form
2. Member makes a copy of his/her current unrestricted Texas driver's license
3. Member faxes this form and the copy of the required Texas driver's license to Capital Metro RideShare office (512-369-6064)
4. **Member must confirm receipt of the form with a RideShare staff member (512-389-7591)**



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RideShare PROGRAM

TEMPORARY DRIVER APPLICATION

Please list the vehicle unit number of the Vanpool/Carpool you will be driving. _____

HOME INFO	First Name		Middle Name		Last Name	
	Current Home - Street Address				Years at this Address	
	City		State	Zip Code		Home Telephone Number
	Do You Own Your Home?		E-mail Address			
	Do You Rent Your Home?		(if available)			
WORK INFO	Employer Name					Work Phone Number & Ext.
	Work - Street Address				Supervisor's Name & Number	
	City		State	Zip Code	Number yrs. at present employer ____ yrs.	
	If 1 year or less, list previous employer info. on back.					
BACKGROUND INFORMATION	Birth Date (Must be 25 yrs or older)		Texas Drivers License Number		Expiration	State
	Restrictions		Total Miles Driven Past 3 Yrs		Total Years Licensed to Drive in USA: ____ yrs.	
	Yr 1 _____		Yr 2 _____		Yr 3 _____	
	Total Years Licensed to Drive in TX: ____ yrs.		Previous State & License Number (if less than 3 years in TX)			
	Do you own a vehicle (car, truck, SUV, etc.)?				Automobile Insurance Company Policy No.	
	Name of Your Automobile Insurance Company					
	Has an insurance company ever refused, cancelled, refused to renew, or given notice of intention to cancel any auto insurance for you? YES _____ NO _____ If yes, please explain on the back.					
	Have you been required by any state to file evidence of Financial Responsibility (SR-22)? If yes, explain on the back.					
	Number of Moving Violations in last 5 Yrs? _____			Number of Traffic Accidents in the last 5 Yrs? _____		
	List date, ticket type & details on the back			List details on back include dollar amount of claims and if any disability or death occurred		
Has your license been suspended/revoked for reckless driving, hit & run, leaving the scene of an accident, driving under the influence of alcohol or controlled substances, driving while otherwise impaired, or concurrent violations of illegal lane change in the past 7 yrs? If yes, please explain on the back.						
Have you ever been convicted of a felony or received deferred adjudication & are you currently on parole, probation, in a work release program or on conditional release as a result of a conviction or a guilty plea? If yes, please explain on the back.						
Have you been convicted of any alcohol or drug related charges in the last 10 yrs? If yes, explain on the back.						
Have you been convicted of driving while intoxicated or under the influence of drugs? If yes, explain on the back.						
Do you have a condition which may or does result in physical or mental impairment or which may affect your ability to drive? (For example, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsive or seizure disorder, epilepsy, blackouts, diabetes, heart disease, etc.) If yes, please note the information on the back.						
SIGNATURE	All information submitted to Capital Metro constitutes and is presumed to be public record and as such, may be subject to disclosure under the Texas Public Information Act, unless an exception under such Act is applicable. Everything stated in this application is true to the best of my knowledge and I qualify for emergency temporary driving approval. My temporary approval shall not exceed 24 hours. Further, I indemnify and hold harmless Capital Metropolitan Transportation Authority, its authorized agents and employees from all claims, actions, costs, damages or expenses of any nature whatsoever arising out of or resulting from any delays, tardiness, failure to make an appropriate or scheduled pick up, absence of the van/car or termination of the program. I also agree to release Capital Metro from liability claims and demands for personal injury; from negligent conduct, loss, theft, or damage to personal property.					
	Applicant Signature: _____				Date: _____	