

Travel Reduction Program

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Email: TRP@maricopa.gov



Maricopa.gov/AQ

Maricopa County Travel Reduction Program (TRP) Exemption Application

Organizations who no longer meet <u>Maricopa County Travel Reduction Program (TRP)</u> participation requirements may submit an application for exemption from the program. Submitting an application does not exempt the organization from participation or responsibility for meeting the requirements of the TRP. Applications will not be processed until all applicable documentation has been submitted. TRP reserves the right to contact the organization at any time or request additional supporting documentation. Please review the <u>TRP Handbook</u> for exemption specifications and submit completed application and supporting documentation to <u>TRP@maricopa.gov</u>.

Organization:	
Employer Identification Number (EIN):	
Site Address:	
Transportation Coordinator (TC):	
Phone:Email:	
Highest Ranking Local Official (HRLO):	
Phone:Email:	
Continuing Participation: (Please select one) Formal participation Survey only without required response rate	Voluntary participation without enforcement Discontinue all participation
 Exemption Requesting: (Please select one) Business/Facility Closure – Organization no longer leases of Provide a copy of the organization's letter to the sit Commission, or the EIN closure letter provided to OR 	e's municipality, Arizona Corporation
 Provide a copy of the sale/purchase agreement sho site address, purchase date, and closing date. 	wing the selling and purchase company names,
Date of Closure:	
 Less Than Required Number of Participants – Organization A has less than 100, employees at a single site for a consecu Maricopa County must be counted as an employee reportin program year. Provide list of current employee's full name and po Provide the information reported quarterly on the A 018 report in the provided table. 	tive six (6) months. Teleworkers working within g to the worksite. Exemption is valid for one sition using the <u>Employee Reporting Form</u> .
Arizona Department of Economic Security Account Number:	
Month and Year	Number of Employees

Provide a cop	Nation Land – Organiza y of the tribal business name and address on the	license or the page fr	1 0 ()	
	ract – Organization wil	l not be renewing the	eir contractor agreeme	ent with another
that states the not be renewe				
Date of Contract End Site Address of Contr				
strategies were implem Exemption is valid for • A written det	ailed description of the	occupancy vehicles (stravel reduction stra	SOV) commute trips t	to 60% or lower.
-	e that the strategies hav innual TRP Survey show	-	aute trips at 60% or lo	wer.
but are not considered TRP. Application and Exemption is valid for Provide a list Reporting For	of requested exempted	not required to surve e submitted with the employee's full name	ey but organization mu Employer Report for e and position using th	ust participate in the Annual Survey.
Title of Position	Number of Employees in this Position	Number of days they Report to the Site	Where do they start their day?	Can they complete work at home?
CERTIFICATION OF submitted under ARS submitted official of tresponsible official of tresubmittal. This certificate information and belief for accurate, and complete.	49-581 et. seq. and Ma uth, accuracy, and com ion and any other cert	ricopa County Ordinal pleteness of the apprification required un	nance P-7 shall conta plication form or reponder these rules shall	ain certification by a ort as of the time of state that, based on
Signature:	Transportation Coordi	mata n	Date:	
	_			
Signature:	Highest Ranking Local	Official	Date:	