



TC and Site TC Identification Form

Please identify all Maricopa County Travel Reduction Program (TRP) Transportation Coordinator (TC) and Site Transportation Coordinator (Site TC) information at each participating site. Please refer to the Maricopa County P-7, Section 3(A), for requirements. Email completed forms to TRP@maricopa.gov

Employer Information		
Employer:	Employer Code:	
Physical Address:		
City:	State:	Zip:
How many sites are located in Maricopa County?		

TC Information		
First and Last Name:		
Job Title:	Department:	
Employer Address (may be same as above):		
City:	State:	Zipcode:
Work Phone:	Cell Phone:	Email:
TC is a:	<input type="checkbox"/> Regular Employee ¹	<input type="checkbox"/> External Contractor
Are you out-of-state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information		
Do you have the authority to make decisions on behalf of the employer regarding the TRP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed the "Intro to TRP" training ² ? This must be completed within 90 days of designation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have daily access to a computer ² ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have daily access to email ² ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have daily access to a phone ² ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

¹ Temporary employees, interns and/or general contract employees are not considered a regular employee.

² These requirements apply to all TCs and Site TCs.

Site TC Information				
First and Last Name:			Job Title/Dept:	
Site Name:				
Site Address:		City:		State: Zip Code:
Work Phone:	Cell Phone:		Email:	
Site TC Information				
First and Last Name:			Job Title/Dept:	
Site Name:				
Site Address:		City:		State: Zip Code:
Work Phone:	Cell Phone:		Email:	
Site TC Information				
First and Last Name:			Job Title/Dept:	
Site Name:				
Site Address:		City:		State: Zip Code:
Work Phone:	Cell Phone:		Email:	
Site TC Information				
First and Last Name:			Job Title/Dept:	
Site Name:				
Site Address:		City:		State: Zip Code:
Work Phone:	Cell Phone:		Email:	

* Make additional copies as needed.