



FEELIN' BETTER ALREADY!

WISCONSIN RIDESHARE REGISTRATION

Wisconsin Department of Transportation
DT1200 03/2010



Please complete, print, and mail or fax to:

Wisconsin Rideshare
PO Box 798
Waukesha, WI 53187-0798

E-mail: karen.schmiechen@dot.wi.gov
Phone: (262) 521-5454
Fax: (262) 521-4425

Name and Origin

Last Name	First Name	Home Address*	Apartment Number
City	County	State	ZIP Code
<i>If trip origin is different from home address, complete below</i>			
Origin Address (If Different from Home)	Apartment Number	City	State ZIP Code

Destination

Employer / School	Check if Student <input type="checkbox"/>	Address	Suite / Department
City	County	State	ZIP Code

Work / School Hours

Start Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes of Flexibility	End Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes of Flexibility
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Profile Preferences

Current Transportation Mode For This Trip <input type="checkbox"/> Drive Alone <input type="checkbox"/> Carpool <input type="checkbox"/> Vanpool <input type="checkbox"/> Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk			I Have a Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Match Only With Same Gender <input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Avoid Smokers When Matching <input type="checkbox"/> Yes <input type="checkbox"/> No
Carpool Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Interested as <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Either		
Vanpool Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Interested as <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Either		
Bike Buddy Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bicycle Skill Level <input type="checkbox"/> Novice <input type="checkbox"/> Experienced	Prefer to Be Matched With <input type="checkbox"/> Novice <input type="checkbox"/> Experienced <input type="checkbox"/> Either	

Contact Information *Please provide at least two contacts. An e-mail is required for online contact.*

Area Code / Home Telephone Number* () -	Area Code / Cell Telephone Number () -
Area Code / Work or School Telephone Number / Extension () - Extension	E-mail
The Wisconsin Rideshare program allows potential partners to contact each other via text messaging. Users must agree to receive text messages, be responsible for text message charges, provide a cell phone number and identify a service provider so that messages can be properly routed.	Permission to Send / Receive Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Cell Phone Provider*
How Did You Hear About This Program?	Additional Information or Comments

*Home address, home telephone and cell phone provider are used for internal purposes and will not appear on matchlists.

Thank you for your interest in the **Wisconsin Rideshare** program. Matchlists will be mailed or e-mailed if an e-mail address is provided. If you have Internet access, you may check for new matches at anytime through www.rideshare.wi.gov.