

Rideshare Rider List

Use this form to list riders in your rideshare group.

Submit to any vehicle licensing office with your [Rideshare Plate Application](#), form TD-420-602.

Vehicle information

TYPE OR PRINT Registered owner name (<i>Last, First, Middle Initial</i>)		WA driver license/ID/UBI number	
Mailing address (<i>Address, City, State, ZIP code</i>)			
Current license plate number	Vehicle identification number (VIN)	Model year	Make

Rider list

We, the undersigned, have reviewed the information contained on the Rideshare Plate Application and together we form a fixed group for purposes of commuter ridesharing. We further understand that misuse of the rideshare privilege to avoid payment of taxes is a gross misdemeanor.

1. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? Yes No
Rider, parent or guardian

2. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? Yes No
Rider, parent or guardian

3. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? Yes No
Rider, parent or guardian

4. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? Yes No
Rider, parent or guardian

5. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? Yes No
Rider, parent or guardian

6. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? Yes No
Rider, parent or guardian

7. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

8. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

9. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

10. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

11. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

12. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

13. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

14. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

15. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No

16. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Rider, parent or guardian Confined to wheelchair? Yes No