

- Moving onto Indian Nation Land – Organization is moving participating site(s) to Indian Nation Land.
 - Provide a copy of the tribal business license or the page from the building lease that shows the organization name and address on the tribal land.

Date of Move: _____

- Non-renewal of Contract – Organization will not be renewing their contractor agreement with another organization
 - Provide a copy of the organization’s contract showing end date and/or contract dismissal; the page that states the organization name, site address, the start and end date, and notice that contract will not be renewed.

Date of Contract End: _____

Site Address of Contractor: _____

- Year One Employer – Organization in program year one has demonstrated effective travel reduction strategies were implemented reducing single occupancy vehicles (SOV) commute trips to 60% or lower. Exemption is valid for **one program year**.
 - A written detailed description of the travel reduction strategies, how they are implemented, and the period of time that the strategies have been in place.
 - Completed Annual TRP Survey showing the SOV commute trips at 60% or lower.

- Field Worker (FW) – Organization has employees who do not commute regularly to and from the worksite, but are not considered teleworkers. FWs are not required to survey but organization must participate in the TRP. Application and documentation must be submitted with the Employer Report for Annual Survey. Exemption is valid for **one program year**.

- Provide a list of requested exempted employee’s full name and position using the [Employee Reporting Form](#).
- Complete the chart below for each position requesting FW designation:

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 TRUTH, ACCURACY, AND COMPLETENESS: Any application form or report submitted under [ARS §49-581 et. seq.](#) and [Maricopa County Ordinance P-7](#) shall contain certification by a responsible official of truth, accuracy, and completeness of the application form or report as of the time of submittal. This certification and any other certification required under these rules shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: _____ Date: _____
 Transportation Coordinator

Signature: _____ Date: _____
 Highest Ranking Local Official