



**Massachusetts Department of Environmental Protection**  
 Massachusetts Rideshare Regulation (310 CMR 7.16)  
**Rideshare Program Update Report**  
**Short Form**

Reporting Year: 20\_\_

**DEP Use Only**

Date \_\_\_\_\_  
 Received \_\_\_\_\_

The Massachusetts Department of Environmental Protection (MassDEP) Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide data annually on how their commuting population commutes to the facility. If you have any questions about completing this form or about your facility's filing status with the Massachusetts Rideshare Program, please call (617) 292-5663.

**Important:**  
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Facility Information\***

\_\_\_\_\_  
 Facility Name

\_\_\_\_\_  
 Facility Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fax Number

**Responsible Official:** (For definition of Responsible Official, see "Source of Signatory Authority," Page 4)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

Check here if same as Facility Address and skip to Contact Person.

\_\_\_\_\_  
 Mailing Address: Street or P.O. Box

\_\_\_\_\_  
 Mailing Address 2

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

**Contact Person:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email Address

**\*Note:** On a separate attachment, list all facility buildings within a one-mile radius or walking distance.

**B. Applicability & Instructions**

Please provide the information required below. To determine the number of *total commuters* and *applicable commuters* at your facility, count all commuters in every building located within a one-mile radius or walking distance.

*Total commuters* at your facility: \_\_\_\_\_  
 Number

*Total applicable commuters* at your facility: \_\_\_\_\_  
 Number

*Total commuters & applicable commuters* are defined on the next page.



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**B. Applicability & Instructions** (continued)

**Definitions: Applicable Commuters, Employees & Students**

*Total Commuters:*

- The number of employees, all shifts, at your facility. For an educational institution, this includes all employees and students.

*Applicable Commuters:*

- The number of *applicable employees* at your facility. For an educational institution, *applicable commuters* includes both *applicable employees* and *applicable students*.

*Applicable Employees:*

- Work 17 hours or more per week for 20 weeks or more per year.
- Begin and complete their workday between 6 a.m. and 8 p.m.
- Use their vehicle during work hours less than five times per month for work purposes.

*Applicable Students:*

- Are full-time commuting students and live off campus.
- Are scheduled to begin and complete their classes between 6 a.m. and 8 p.m.
- Need their vehicles for class assignments or after-school work less than five times per month.

**Sections of This Form You Need to Complete**

Check the appropriate box and follow the applicable instructions for completing this form.

Non-Educational Facility	Instructions
<input type="checkbox"/> 249 or fewer applicable commuters	Complete Sections A, B & D.
<input type="checkbox"/> MassDEP Air Operating Permit & 250 or more applicable commuters	Complete the entire form.
<input type="checkbox"/> No MassDEP Air Operating Permit & 250 to 999 applicable commuters	Complete Sections A, B & D or complete the entire form. Your facility will be phased in later.
<input type="checkbox"/> No MassDEP Air Operating Permit & 1,000 or more applicable commuters	Complete the entire form.
Educational Facility	Instructions
<input type="checkbox"/> 999 or fewer applicable commuters	Complete Sections A, B & D.
<input type="checkbox"/> 1,000 or more applicable commuters	Complete the entire form.

**C. Compliance with the Rideshare Regulation**

**1. Your Facility’s Drive-Along Commute Trip (DACT) Reduction Incentives**

**Status of DACT Reduction Incentives.** In the table on the next page, indicate which DACT reduction incentives your facility currently implements, publicizes and maintains. The table lists incentives required by the Massachusetts Rideshare Regulation, 310 CMR 7.16(1). *All facilities* must implement, publicize and maintain DACT reduction incentives **a**, **b** and **c**. On a separate attachment, describe how your facility implements, publicizes and maintains each required incentive. For any required incentive not yet implemented, provide an implementation date within 30 days.



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**C. Compliance with the Rideshare Regulation** (continued)

Is your facility located within one mile of public transit?

Yes  No If Yes, your facility must *also* implement, publicize and maintain incentives **d, e** and **f**. (See Table below.)

Does your facility have 1,000 or more applicable “employees”?

Yes  No If Yes, your facility must *also* implement, publicize and maintain incentive **g**. (See Table below.)

**2. Your Facility’s Estimated DACT Reductions for This Reporting Year**

For this report, your facility is not required to collect commute data and may use tracking records such as transit pass sales, preferential parking records, carpool and vanpool records, etc., to estimate DACT reductions for the reporting year. For each DACT reduction incentive, estimate the number of commuters who have changed from drive-alone commuting to taking another form of transportation since your facility’s last Rideshare Program Report. On a separate attachment, describe how you estimated the reductions.

*Reduced # of Drive-Alone Commuters x Average # Days Per Work Week = Reporting Year DACT Reductions*

**3. Your Facility’s Total DACT Reductions Since Your Base Report** (Enter in Table Below.)

*Reporting Year DACT Reductions + Previous Year DACT Reductions = Total Reductions Since Base Report*

DACT Reduction Incentives	Facility Implements	Facility Publicizes	Facility Maintains	Reporting Year DACT Reductions	Previous Year DACT Reductions	Total Since Base Report
<b>a.</b> Conduct Carpool Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ _____	+	= _____
<b>b.</b> Designate Preferential Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	=
<b>c.</b> Establish Bicycling Incentive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	+	= _____
<b>d.</b> Provide Transit Passes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ _____	+	= _____
<b>e.</b> Post Bus Schedules, Routes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>f.</b> Negotiate With Bus Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	+	= _____
<b>g.</b> Conduct Vanpool Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	+	= _____
<b>h.</b> Additional Incentive: Brief Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	+	= _____
<b>i.</b> Additional Incentive: Brief Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	+	= _____
<b>Grand Total</b>				= _____	<b>Grand Total</b>	= _____



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**D. Certification Statement**

“I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

\_\_\_\_\_  
 Signature of Responsible Official

\_\_\_\_\_  
 Printed Name of Responsible Official

\_\_\_\_\_  
 Title of Responsible Official

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address

**Source of Signatory Authority**

- If a Corporation:  President  Secretary  
 Treasurer  Vice President\*  
 Representative of the above\*

\*If responsible for overall operation of the facility identified in this report.

If a Partnership:  General Partner

If a Proprietorship:  Sole Proprietor

- If a Municipal, State or Other Public Facility:
- Principal Executive Officer
  - Ranking Elected Official
  - Other Authorized Employee

Submit this form by **December 31** to:

**MassDEP Bureau of Waste Prevention**  
**Rideshare Program**  
**One Winter Street**  
**Boston, MA 02108**

**Questions?** Call the Massachusetts Rideshare Program at 617-292-5663.