



Employer Pass Program Application

Please fill this form out and send to contact ahead of time to ensure verification process is completed before pick-up of passes.

General Information:

Name of Applicant: _____

Name of Employer / Business: _____

Name of Owner of Business: _____

Business Address: _____

Business Phone Number: _____

Type of Business: _____

Proof of Local Business Authenticity:

Please provide one of the following ID's for Local Business Verification processing:

Federal Business ID: _____

State Business ID: _____

Town of Jackson Business License ID: _____

Employer Pass Purchasing:

Please determine below the quantities desired based on the pass duration:

Number of 6-month passes desired: _____

Number of 12-month passes desired: _____

Applicant's Signature: _____

Date of Application: _____

Once completed, please scan this form back fares@startbus.com for processing. We will be in touch within 1 to 2 business days to schedule your appointment to come into the facility to complete the payment transaction and pick-up pass(es).

Office use only

Verification of Business License Confirmed: YES NO N/A

Date of Confirmation: _____

** Signature of START Processor: _____

** Universal Pass No. Issued: _____

** Duration of Pass Issued: _____
(Month/Year Beg - Month/Year End)

** Form of Payment: Credit Card Cash Other: _____

** Total Payment Made: _____