

Participation in ETS Smart Card Test Application

Applicant Information

Name	
Department	
University ID Number	
Office Address	
Work Phone	
E-Mail Address	

Availability

Please indicate the time that you are available to attend a project briefing at Enterprise Square

_____ Thursday, November 13, 2008 - 9:30 am to 10:30 am – Enterprise Square Room 2-922

_____ Thursday, November 13, 2008 – 10:30 am to 11:30 am – Enterprise Square Room 2-922

Frequency of LRT Travel

Indicate how often you use the LRT to travel for University business

_____ Mondays

_____ Thursdays

_____ Tuesdays

_____ Fridays

_____ Wednesdays

_____ Other? _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer participant that I am agreeing to use the ETS Smart Card for travel during University business in the manner that is explained to me by ETS. I also understand that I will be asked for feedback on my experiences with this trial and I will respond to any feedback requests to the best of my ability.

Name (printed)	
Signature	
Date	

Information Privacy

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of determining program eligibility and gathering program feedback. Direct any questions about this collection to: Manager, ONEcard Program. Phone 780-492-7924.

Please fill out and fax form attention: Manager, ONEcard Program 780.492.5936