



PassFort Employer Application



Please fill out the form completely and email, fax, or mail to:

Transfort
RE: Passfort Enrollment
250 N Mason St.
Fort Collins, CO 80524

Phone (970) 221-6620
Fax (970) 416-2452
Email: transfortinfo@fcgov.com
www.ridetransfort.com/fares-passes/passfort

Allow up to 2 business days for processing. You will be notified upon approval and instructed where to pick up your pass or vouchers.

Company Name: _____

Contact Name: _____ Title: _____

Telephone Number: _____ Ext: _____

Fax Number: _____ Email address: _____

Company mailing address: _____

City: _____ Zip: _____

Total number of people employed by company: _____

Number of passes desired (at least equal to the minimum required*): _____

Provide names of pass holders on attached form**

*See PassFort Guidelines, available on website, for minimum purchase requirements

**Complete list of employees' names is required for passes. If you purchase more than you have names for, vouchers will be issued. You will be contacted via email or phone once passes/vouchers are ready for pickup.

Please indicate how these passes/vouchers will be claimed:

- Pick up at Downtown Transit Center, 250 N Mason St., Fort Collins, CO 80524
- Mail to address above (option only available for 10 or fewer passes/vouchers)

Payment Options

- Company Check to Transfort (*submit with application or pay at time of pickup*)
- Invoice Company

Signature: _____ Date: _____

By signing above I acknowledge that I have read and understand the PassFort program policies and guidelines. I agree to abide by and be bound by them, and further state that the information provided above is accurate to the best of my knowledge.

FOR INTERNAL USE ONLY:

Number of passes issued: _____ Pass number range: _____ Pass date range: _____

Number of vouchers issued: _____ Voucher number range: _____ Date range: _____

Approved/sold by (print): _____ Date: _____

Signature: _____

