Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Rideshare Rider List

Use this form to list riders in your rideshare group.
Submit to any vehicle licensing office with your Rideshare Plate Application, form TD-420-748.

Vehicle information

TYPE OR PRINT Registered owner name *(Last, First, Middle Initial)*				WA driver license/ID/UBI number
Mailing address *(Address, City, State, ZIP code)*				
Current license plate number	Vehicle identification number (VIN)	Model year	Make	

Rider list

We, the undersigned, have reviewed the information contained on the Rideshare Plate Application and together we form a fixed group for purposes of commuter ridesharing. We further understand that misuse of the rideshare privilege to avoid payment of taxes is a gross misdemeanor.

1. Driver name _____

   Address, City, WA ZIP code _____

   Signature X _____ Confined to wheelchair? ☐ Yes ☐ No
   Rider, parent or guardian

2. Driver name _____

   Address, City, WA ZIP code _____

   Signature X _____ Confined to wheelchair? ☐ Yes ☐ No
   Rider, parent or guardian

3. Driver name _____

   Address, City, WA ZIP code _____

   Signature X _____ Confined to wheelchair? ☐ Yes ☐ No
   Rider, parent or guardian

4. Driver name _____

   Address, City, WA ZIP code _____

   Signature X _____ Confined to wheelchair? ☐ Yes ☐ No
   Rider, parent or guardian

5. Driver name _____

   Address, City, WA ZIP code _____

   Signature X _____ Confined to wheelchair? ☐ Yes ☐ No
   Rider, parent or guardian

6. Driver name _____

   Address, City, WA ZIP code _____

   Signature X _____ Confined to wheelchair? ☐ Yes ☐ No
   Rider, parent or guardian

7. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

8. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

9. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

10. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

11. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

12. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

13. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

14. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

15. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian

16. Driver name _____

Address, City, WA ZIP code _____

Signature **X** _____ Confined to wheelchair? ☐ Yes ☐ No
Rider, parent or guardian