

CONFIDENTIAL

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COMMUTER VAN POOL QUESTIONNAIRE

I am interested in becoming a member of a Commuter Van Pool. I would like to be a (circle one)      Driver      Passenger  
Either

1. Name \_\_\_\_\_
2. Badge No. \_\_\_\_\_
3. Building \_\_\_\_\_
4. Extension \_\_\_\_\_
- \*5. Home Address (to include County of Residence) \_\_\_\_\_  
\_\_\_\_\_
6. Duty Hours:    Start Work \_\_\_\_\_    Leave Work \_\_\_\_\_
7. Are you under cover?    (circle one)    Yes    No

\*If you have access to Office of Personnel car pool grid map, please indicate grid.

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(Classified When Filled In)

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