



## PassFort Employer Application

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

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

Fax (970) 221-6285  
Email: [TransfortAdmin@fcgov.com](mailto:TransfortAdmin@fcgov.com)

You will be notified upon approval and instructed where to pick up your pass vouchers. If you have any questions, please call (970) 224-6161.

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Company mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Total number of people employed by company: \_\_\_\_\_

Number of passes desired (if more than 45 employees): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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### FOR INTERNAL USE ONLY:

Number of passes issued: \_\_\_\_\_ Pass number range: \_\_\_\_\_

Pass active date range: \_\_\_\_\_

Comments: \_\_\_\_\_

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Paid with:

Company Check – Check # \_\_\_\_\_  Company Credit Card – Visa / MasterCard

Approved/sold by: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_