

SPOKANE ST SWING BRIDGE (LOW BRIDGE) APPLICATION FORM: ON-CALL MEDICAL WORKER ACCESS

FOR MEDICAL WORKERS REQUESTING LOW BRIDGE ACCESS TO TRAVEL TO AND FROM ON-CALL WORK SHIFTS, AS VERIFIED BY A HEALTHCARE EMPLOYER

- Authorization is only for medical workers who:
 - Live or work in West Seattle
 - Need to travel to or from an on-call work shift where they need to reach their workplace or medical facility on the other side of the Duwamish Waterway.
- Low bridge access is not allowed for travel to regularly scheduled medical work shifts and other non-urgent travel

STEPS FOR REQUESTING ACCESS:

- 1: If you work for a large medical institution, you may be able to complete this form online. Visit <https://go.participate.online/lowbridge-access-request>
 - 2: Complete SECTION 1: Applicant Information
 - 3: Have your medical employer complete SECTION 2: Medical Employer Information
 - 4: Email Section 1, Section 2, and the signed authorization to LowBridgeAccess@seattle.gov (can be a scan or a photograph of documents) or mail to: Traffic permits, ATTN WSB, Seattle Dept. of Transportation, PO Box 34996, Seattle, WA 98124-4996
 - 5: **Submitting this form does not mean you have access to the low bridge. You must receive a confirmation from SDOT before you can use the low bridge.**
- For questions, if you need assistance in your language, or need help with this form, please contact LowBridgeAccess@seattle.gov or 206-400-7511. Please leave a message with your name, contact information, and languages need and someone will get back to you.

SECTION 1: APPLICANT INFORMATION

PRINT OR TYPE Name <i>(Last, First, Middle Initial)</i>				
Mailing Address <i>(PO Box or street address and apartment number, if applicable)</i>		City	State	ZIP Code
(Area code) Daytime Phone	Email Address			
Name of Hospital or Medical Office Where you Work		Healthcare Employer <i>(Your employer completes Section 2)</i>		
Up to two license plates: one for yourself, and one as secondary license plate. <ul style="list-style-type: none"> • Please write your license plate(s) clearly! Double check using your vehicle registration paperwork, especially if you have a specialty license plate. Pay attention to common errors including: 1 (one), I (letter I), 0 (zero), O (letter O), 5 (five), S (letter S), 2 (two) or Z (letter Z). • If you provide an incorrect or illegible license plate number, you may receive multiple citations before we are aware of the issue and you may be responsible for paying all citations. 				
License Plate One	License Plate One State	License Plate Two (if needed)	License Plate Two State	

Date Signed:

By signing, you acknowledge you understand and will comply with the terms and conditions, and privacy statement on the back of this page.



Applicant Signature



Seattle
Department of
Transportation

WEST SEATTLE HIGH-RISE BRIDGE PROJECT

SPOKANE ST SWING BRIDGE (LOW BRIDGE) APPLICATION FORM: ON-CALL MEDICAL WORKER ACCESS

LOW BRIDGE ACCESS TERMS AND CONDITIONS:

- 1: This form signed by you and your employer must be submitted to SDOT by email or mail by the 15th day of the month to secure access for the following month. For example, for access beginning June 1, SDOT must receive your completed forms by May 15.
- 2: Authorization is only for those trips specifically associated with medical on-call work shifts where workers must reach their workplace in a timely manner.
- 3: Low bridge access is NOT allowed for commute travel to regularly scheduled work shifts.
- 4: This access is on a temporary and limited basis. We will reduce or revoke access on the low bridge for many groups in late 2021 so that the bridge has capacity for increased freight traffic.
- 5: Your access to the low bridge may be discontinued at any time if there is too much traffic on the low bridge or due to other traffic management needs. You will be notified if this is the case.
- 6: A limit may be placed on the number of trips you take on the low bridge. Access may be discontinued if you exceed that number of trips.
- 7: Submitting a complete On-Call Medical Worker Access application does not guarantee you will be provided access to the low bridge. Incomplete or inaccurate applications or documentation may result in delays or denial. If you are approved for access, a letter documenting approval will be emailed to you on or by the 22nd of the month prior to start of access. Please retain the approval letter for your records. You must receive an approval email before you may use the low bridge. If you drive on the low bridge without approval, you will receive a \$75 ticket for every time you drive across it during restricted hours. Restricted hours are 5 AM – 9 PM weekdays and 8AM – 9PM weekends.

PRIVACY, DATA, AND PUBLIC DISCLOSURE REQUESTS:

SDOT will be logging the number and time of Low Bridge trips made by each authorized license plate number. By requesting access to the Low Bridge, you are consenting to this use of your Low Bridge travel information for monitoring and evaluation purposes. This trip log is also subject to Washington Public Records Act, and may be subject to disclosure to a third-party requester.

Personal information shared with SDOT including your name and license plate number is subject to Washington Public Records Act, and may be subject to disclosure to a third-party requester. At the City of Seattle, we are committed to protecting your privacy and will ensure that any disclosures are done according to law. To learn more about how this information is managed please see our Privacy Statement (www.seattle.gov/tech/initiatives/privacy/privacy-statement).



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SECTION 2: MEDICAL EMPLOYER

MEDICAL EMPLOYER FILLS OUT THIS SECTION AFTER APPLICANT FILLS OUT SECTION 1.

MEDICAL EMPLOYER INFORMATION:

Please fill out the section below stating:

I certify that _____ [employee's name] works at _____ [hospital or medical office] and this employee is required to travel for on-call work shifts, qualifying them for low bridge access.

Return this signed form to the applicant.

PRINT OR TYPE Name of Employer Filling out Section 2 (<i>Last, First, Middle Initial</i>)				
Job Title/Role at Medical Employer Institution (<i>HR/CTR/Other</i>)				
Office Address (<i>PO Box or street address and building/suite number, if applicable</i>)		City	State	ZIP Code
Office (Area code) Daytime Phone	Email Address			

ANSWER THE FOLLOWING:

I certify that the employee listed in Section 1 above responds to on-call work shifts at hospital or medical office listed in Section 1 above and they are an employee required to travel for on-call work shifts qualifying them for low bridge access.

Date and Place (City/County) Signed:

X

Employer signs here (HR representative or other medical institution administrative representative authorized to provide this information)



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