

# The G6 Program Application

Please complete this form and email it to: [g6program@gmail.com](mailto:g6program@gmail.com)

Thank you

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact Number: \_\_\_\_\_

Owners Name: \_\_\_\_\_

I/we agree to follow the procedures set up by the G6 Program. The program is for use by a veteran, active service member or first responder that has been flagged as intoxicated and unfit to operate a motor vehicle safely.

Once flagged I/we agree that we will use the electronic device provided to call for a ride share and advise the intoxicated person that their ride share is on the way.

We will try our best to encourage the intoxicated person into the ride share and not allow them to drive. If such an event occurs we will call 911 and advise you are enrolled with G6 and the intoxicated person decided not to get in the ride share.

Training how to schedule a rideshare will be advised, once approved.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Our mission is to get veterans, active service members and first responders home safely and to help keep our road safe for everyone.

Completed by G6 Staff

Approved by: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

