DOC APPLICATION FOR TRANSIT BENEFIT

Name: _____ _____ _____ _____ _____

(Last) (First) (M.I.) (Last 4 Digits of Social Security No.) (Grade/Rank)

Home Address: _____ _____ _____ _____

(Number/Street/Apt. No.) (City) (State) (Zip)

Work Address: _____

(Agency) (Bureau) (Office)

_____ _____ _____ _____

(Building) (Room Number) (Mail Stop) (Phone Number)

PREVIOUS MODE OF TRANSPORTATION USED FOR COMMUTING: (Please check all that apply)

☐ Car (single or double occupancy, not including drive to Commuter Parking) ☐ Other _____ (Specify)

☐ Car/Van Pool ☐ Commuter Bus ☐ Commuter ☐ Metro Bus ☐ Metro Rail

MASS TRANSIT BENEFIT MODE OF COMMUTING: (Please check all that apply)

☐ Commuter Bus ☐ Commuter ☐ Metro Bus ☐ Metro Rail ☐ Metro-Approved Van pool

EMPLOYEE CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF COMMERCE (DOC) AND AM NOT NAMED ON A WORK SITE PARKING PERMIT WITH DOC OR ANY OTHER FEDERAL AGENCY. I ALSO CERTIFY THAT I AM ELIGIBLE FOR PUBLIC TRANSPORTATION SUBSIDY BENEFIT, WILL BE USING IT FOR MY REGULAR DAILY COMMUTE TO AND/OR FROM WORK, AND WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING DOES NOT EXCEED MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20-DAY MONTH COMMUTING BY PUBLIC TRANSPORTATION).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001, CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO $5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

X _____

(Applicant Signature) (Date)

PRIVACY ACT STATEMENT: This information is solicited under authority of 5 U.S. C. Sections 301 and 7905. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpal or van pool participant or a holder of any other form of vehicle work site parking permit with Department of Commerce or any other Federal agency.

COMPLETED BY EMPLOYEES SUPERVISOR

Accounting Classification Code: (Print 001/ _____ /2595

Enter Appropriate Dollar Amount of the Fare Media $40 (Monthly Cost) (Not to exceed $40) per month) $480 (Annualized Cos

X _____

(Supervisor Signature) (Print Name) (Date) (NOTE: Approval is based on person's eligibility to receive benefits in the amount stated above)

COMPLETED BY RESOURCE MANAGEMENT COORDINATOR:

Servicing Accounting Office: DOC/ITA, 14th & Constitution Avenue, N.W., Washington, DC 20230

_____ ALC: 13010012

APPROVED FOR AVAILABILITY OF FUNDS:

_____

(Signature of Budget Approving Official) (Print Name) (Date)

COMPLETED BY TRANSIT POINT OF CONTACT

X _____

(Signature of Transit Point of Contact) (Print Name) (Date)