

U.S. Department of the Interior Public Transportation Subsidy Program Application

A. Type of Action First Time Application Revised Application Annual Recertification

B. Personal Information

Name: Last 4-Digits SSN: XXX-XX- Office Phone :
 Home Address: City: State: Zip Code:
 Work Address: City: State: Zip Code:
 Bureau/Office Code: WBS: Fund:
 Fund Center: Functional Area: Cost Center:
 Employment Status: Full-Time Part time Temporary/Seasonal (Appointment Expiration Date): (mm/dd/yyyy)

C. My Commute (for which I am seeking a transit subsidy)

Mode(s) of transportation to be used: Bus Subway Train Ferry Authorized Vanpool Light Rail

My daily commuting costs (excluding parking fees) multiplied by 20 days (per month, average or actual) \$

I am seeking a monthly transportation benefit (**not to exceed \$130.00**) of \$

Participants are required to REDUCE BENEFITS for Flexible Work Schedules; Telecommuting; and as needed for, Official Travel, Training and Leave Days.

Name of Public Transit Company/System or Vanpool Company to be used:

Deadlines: Applications MUST be submitted to your Bureau/Office Transit Coordinator by the 10th of the month (for WMATA) & 20th of the month (for TRANServe Debit Card and Monthly/Quarterly Fare Media) to receive the next month's benefit.

Smart Trip Card No. : Vanpool Company No. :

Are you a vanpool operator: If "yes", Vanpool Registration No. (issued by transit authority)

Fare Media I presently utilize a federally-subsidized parking space:

D. Employee Certifications

WARNING: This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, to include fine and/ or imprisonment up five years, and may provide for administrative recoveries of up to \$10,000 per violation. It may also result in agency disciplinary action up to and including dismissal.

- * I certify that I am employed by the U.S. Department of the Interior.
- * I certify that I am not a recipient of federally subsidized workplace parking from the U.S. Department of the Interior or any other federal agency.
- * I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by mass transit or vanpool. I will not give, sell, or transfer it to anyone else.
- * I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs and does not include parking. If at anytime during a given month I am out of work due to sickness, vacation, or any other reason, on official travel, or use a private vehicle for commuting, I will claim less and adjust the amount of my transit benefit for the following month if appropriate.
- * I certify that in any given month, I will not use the government-provided transit benefit in excess of the statutory limit. If my qualifying commuting costs per month on public transportation exceed the monthly statutory, limit, I will supplement those additional costs with my own funds rather than use a government-provided transit benefit designated for use in the future month.

Signature: Email: Date:

E. Supervisory Approval: As the applicant's supervisor, I certify that I completed the Transit training, reviewed this application and believe it to be accurate **NOTE:** Before signing, complete the FY 2015 Transit Integrity Awareness Training in DOI Learn.

F. Bureau/Office Transportation Subsidy Coordinator Certification: As the applicant's coordinator, I certify that I completed the FY 2015 Transit Integrity Awareness Training in DOI Learn, reviewed this application and believe it to be accurate.

Name: Name:

Signature: Signature:

Email: Date: Email: Date:

PUBLIC TRANSPORTATION SUBSIDY PROGRAM APPLICATION

Instructions for Completing this Form:

- * Before completing this form, make sure that you qualify for participation in this program by fully acquainting yourself with this program. Details can be found on the OFAS Facilities Management web page at http://www.doi.gov/ofas/support_services/transportation_subsidy.cfm
- * A form-fillable version of this application can be found on-line at http://www.doi.gov/ofas/support_services/transportation_subsidy.cfm; or you may pick-up paper copies from your bureau/office Transportation Subsidy Coordinator, or room 1420, Main Interior Building.
- * The form must be signed by you and your supervisor, and forwarded to your bureau/office Transportation Subsidy Coordinator.
- * If you change offices or transfer to another bureau/office, and you wish to remain in the program, you must complete a new form and submit it for processing.
- * If the cost of your commute increases or decreases, and your entitlement changes as a result, you will be required to submit a new application.
- * SmartBenefits Program (**Washington Metropolitan Area (WMA) Only**): The SmartBenefits Program utilizes the SmartTrip Card enabling automatic loading of subsidy on a monthly basis at local Metro kiosks. This program is mandatory for employees in the WMA. For additional information please see our website: http://www.doi.gov/ofas/support_services/transportation_subsidy.cfm.
- * TRANServe Debit Card (**Nationwide, where available**): a single fare media delivery system that offers enhanced internal controls and preserves the transit benefit by deterring fraud, waste and abuse.

Specific Instructions for Completing this Form:

A. Type of Action:

- * Select First-time Application, Revised Application or Annual Recertification.

B. Personal Information:

- * Complete personal information section.
- * If you do not know your “**Payroll Cost Structure Account Number**”, obtain it from your supervisor, timekeeper, administrative officer or business/human resource office. This is the account number to which your salary is charged. It is often available in the time and attendance office. This application will not be processed without this number.

Bureau/Office Codes to Be Used:

BIA06 - Bureau of Indian Affairs	FPN10 - National Park Service	WBR07 - Bureau of Reclamation
LLM05 - Bureau of Land Management	BOEM27 - Bureau of Ocean Energy Management & BSEE26 -	FWS15 - Fish & Wildlife Services
IBC01 - Interior Business Center	Bureau of Safety and Environmental Enforcement	LSM22 - Office of Surface Mining
SOL21 - Solicitor		OS01 - Office of the Secretary
OIG24 - Inspector General		WGS08 - U.S. Geological Survey

C. My Commute

- * Complete My Commute section.
- * Washington Metropolitan Areal Only: You MUST purchase (\$5.00) and register your SmartTrip Card with SmartTrip Card with [METRO online](#) or call 202-366-6902. Your application will not be processed without your registered SmartTrip Card number in the space provided. Vanpool riders must provide the Vanpool number. Commuters using modes of transportation not currently accepting the SmartTrip Card, for additional information, please see the [Transportation Subsidy Benefit Program](#) webpage.

D. Employee Certification:

- * Understand and comply with the rules governing participation in the Transportation Subsidy Program; complete the Transit Integrity Benefit Awareness Training and Expense Worksheet; sign and date; and then submit forms and Training Certificate to the bureau/office coordinator. If you have additional questions please contact your bureau/office [Transportation Subsidy Coordinator](#).

E. Supervisory Approval:

- * Yes. All Supervisors MUST now complete annually the Transit Integrity Benefit Awareness Training Course in DOI Learn prior to signing Program Applications. Your Supervisor's Training Completion Certificate covers all bureau/office program participants and remains enforce until the next fiscal year's recertification period. Please note some bureaus/offices may require a hard copy of your Supervisor's Training Certificate.
- * Approve and return Transportation Subsidy Program Application to employee for forwarding to the bureau/office coordinator.

F. Bureau/Office Transportation Subsidy Coordinator Certification:

- * All Coordinators must now complete annually the [Transit Benefit Integrity Awareness Training](#) Course in DOI Learn prior to signing Program Applications. The Coordinator's Training Completion Certificate covers all bureau/office program participants and remains enforce until the next fiscal year's recertification period. Review, certify and date documents; then forward to the Department of Transportation for processing.

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transportation subsidy benefit. The purpose of this information is to facilitate timely processing of the request, to ensure 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 carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the U.S. DOI or any other Federal agency.