

**U. S. Department of Transportation
NATIONAL CAPITOL REGION PUBLIC TRANSPORTATION TRANSIT
BENEFIT PROGRAM APPLICATION**

A. Applicant Information (Please Print or Type):

Last 4 Digits of Your SSN: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

DOT Agency / Mode (BTS, FRA, etc.) _____ Routing Symbol (i.e. JA-10) _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____

Please identify the name of the transit company/system that you use. _____

B. Employee Certification:

WARNING: This certification concerns a matter with 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 \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the U. S. Department of Transportation
I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and 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.
I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.

I certify that my usual **monthly commuting costs** are: \$ _____

Employee Signature: _____ Date: _____

C. Transit Subsidy Coordinator/Accounting Official:

Employee Accounting Code:

_____/_____/_____/_____/_____

Name (print): _____ Title: _____

Signature: _____ Date: _____

Routing Symbol (i.e. JA-10): _____

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 provide all or part of the information 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 may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, fictitious, or fraudulent certification may render you subject to criminal prosecution under Title 18; United States Code, Section 1001, Civil Penalty Action; providing for administrative recoveries up to \$10,000 per violation; and/or agency disciplinary action up to and including dismissal.