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

A. Type of Action: First-Time Application _____ Revised Application_____ Re-Certification (2002) _____

B. Personal Information

Name (*Last, First, MI*): _____

Home Address: _____	City: _____	State:___	Zip Code:_____
Work Address: _____	City: _____	State:___	Zip Code:_____
Office Phone Number: ( ) _____	Social Security No. _____-____-_____		

Bureau (codes, see page 2):_____ Office Name:_____

Employment Status: Full time ____ Part-time ____ Temporary/Seasonal (Appointment Expiration Date:_____/_____/_____)

Payroll Cost Structure Account Number (see page 2): _____

C. My Commute (for which I am seeking a transportation benefit)

Mode of transportation to be used: Bus____ Light Rail____ Subway____ Train____ Ferry____ Authorized Vanpool_____

Please indicate the number of days per week that you usually:
Drive to work _____ Days; Miles each way _____
Vanpool _____ Days; Monthly vanpool charge: $_____
Public Transit _____ Days; Daily fare: $ _____

My monthly commuting costs (excluding parking fees) are $_____ I am seeking a monthly transportation benefit (not to exceed $100) of $_____

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

Identify the type of pass or fare media to be used: _____

Are you a vanpool operator: Yes ____ No____ If "yes", Vanpool Registration No. (issued by transportation authority)_____

I presently utilize a federally-subsidized parking space: Yes _____ No _____

D. Employee Certifications

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 have read the rules governing participation in the program and I am eligible for the public transportation fare benefits, will use it for daily commute to and from work, and will not transfer it to anyone else.

I certify that I am employed by the U.S. Department of the Interior and I am not named on a Federally subsidized workplace parking permit with the U.S, Department of the Interior or any other Federal agency.

I certify that my monthly commuting costs (excluding parking costs) stated above are accurate and does not exceed my actual costs. I also certify that the monthly transportation benefit I am seeking above does not include parking costs and does not exceed my actual 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, 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. If I should leave the Department , I will return the pro-rated value of unused benefits.

Employee Signature:_____ **Date**: _____

E. Approvals : As the applicant's supervisor, I certify that I have reviewed the information provided on this application and believe it to be accurate.

Supervisory Certification	***Approving Official***
Name:	Name:
Signature: Date:	Signature: Date:
Title:	Title:

Privacy Act Statement: (*See page 2)*

General 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 of the program are described on the PFM Home Page at http://www.doi.gov/pfm/travel.html .
- Print a hard copy of this form, and complete the hard-copy version of this form. Attempts to complete this form electronically are discouraged.
- Complete all items and questions. Incomplete forms will be returned and may delay participation.
- The form must be signed by you and your supervisor, and forwarded to your local TSP Coordinator (see PFM Web Page). Please leave the section for "Approving Official" blank. This will be completed by the bureau/office accepting the forms.
- **If you change offices or transfer to another bureau, 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.
- If you wish to cancel your participation, you must do so in writing. Please submit a written statement expressing your intent to withdraw from the program to the bureau TSP Coordinator in your area. A listing is provided on the PFM Web Page.
- If you have additional questions, please contact your local TSP Coordinator, or submit the question on PFM Web Page, http://www.doi.gov/pfm/travel.html .

Specific Instructions for Completing this Form:

A. **Type of Action**:

- If you were enrolled in the Transit Subsidy Program during calendar year 2001, please check "Re-certification (2002)".

B. **Personal Information**:

- Bureau codes to be used:

LLM05	Bureau of Land Management	FNP10	National Park Service	OIG24	Inspector General
LMS23	Minerals Management Service	FWS15	Fish & Wildlife Service	OAS01	Aircraft Services
LSM22	Office of Surface Mining	BIA06	Bureau of Indian Affairs	NBC01	National Business Center
WBR07	Bureau of Reclamation	OS01	Office of the Secretary		
WGS08	U.S. Geological Survey	SOL21	Solicitor		

- If you do not know your **"Payroll Cost Structure Account Number"**, obtain it from your supervisor, timekeeper or administrative officer. This is the account number to which your salary is charged. It is often available in the time and attendance office. This form cannot be processed without this number.

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 transit fare 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