

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

| <b>A. Type of Action</b>  |  | <b>First-Time Application</b> |   | <b>Revised Application</b> |                          |
|---|--|-------------------------------|---|----------------------------|--------------------------|
| <b>B. Personal Information</b>  |  |                               |   |                            |                          |
| Name (Last, First MI): _____  |  |                               |   |                            |                          |
| Home Address: _____   |  | City: _____                   |   | State: _____               | Zip Code: _____          |
| Work Address: _____   |  | City: _____                   |   | State: _____               | Zip Code: _____          |
| Office Phone Number: (xxx) xxx - xxxx   |  |                               | Last 4-Digits Social Security Number: XXX-XX-                             |                            |                          |
| Bureau/Office Code and Name (see page 2): _____   |  |                               |   |                            |                          |
| Employment Status: Full-time: _____ Part-time: _____ Temporary/Seasonal (Appointment Expiration Date): (mm/dd/yyyy): _____  |  |                               |   |                            |                          |
| Payroll Cost Structure Account Number (See page 2): _____   |  |                               |   |                            |                          |
| <b>C. My Commute</b> (for which I am seeking a transportation subsidy)  |  |                               |   |                            |                          |
| Mode(s) of transportation to be used: Bus _____ Subway _____ Train _____ Ferry _____ Authorized Vanpool _____ Light Rail _____  |  |                               |   |                            |                          |
| Please indicate the number of <b>actual days (excluding Flexible Work Schedule day off and Telecommuting days)</b> per week that you usually:   |  |                               |   |                            |                          |
| Drive to work _____ Days; Miles each way: _____   |  |                               |   |                            |                          |
| Vanpool _____ Days; Monthly vanpool charge: \$ _____  |  |                               |   |                            |                          |
| Public Transit _____ Days; Daily fare: \$ _____   |  |                               |   |                            |                          |
| My daily commuting costs (excluding parking fees) multiplied by 20 days (per mos. avg. or actual no. if less) = \$ _____  |  |                               |   |                            |                          |
| I am seeking a monthly transportation benefit ( <b>not to exceed \$125.00</b> ) of \$ _____   |  |                               |   |                            |                          |
| <b>Participants are required to REDUCE BENEFITS for Flexible Work Schedules; Telecommuting; and as needed Official Travel, Training and Leave days.</b>   |  |                               |   |                            |                          |
| Name of Public Transit Company/System or Vanpool Company to be used: _____  |  |                               |   |                            |                          |
| <b>Washington Metropolitan Area ONLY: Applications MUST be submitted to your Bureau/Office Transit Coordinator by the 10<sup>th</sup> of the month to receive the next month's benefit.</b>   |  |                               |   |                            |                          |
| SmarTrip Card No.: _____  |  |                               | Vanpool Company No.: _____  |                            |                          |
| Are you a vanpool operator: Yes ___ No ___ If "yes", Vanpool Registration No. (Issued by transit authority): _____  |  |                               |   |                            |                          |
| I presently utilize a federally-subsidized parking space: Yes _____ No _____  |  |                               |   |                            |                          |
| <b>D. Employee Certifications</b>   |  |                               |   |                            |                          |
| <b>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.</b>   |  |                               |   |                            |                          |
| <ul style="list-style-type: none"> <li>✓ I certify that I am employed by the U.S. Department of the Interior.</li> <li>✓ 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.</li> <li>✓ 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.</li> <li>✓ 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.</li> <li>✓ 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.</li> </ul> |  |                               |   |                            |                          |
| <b>Employee Signature:</b>  |  |                               | <b>Date (mm/dd/yyyy):</b>   |                            |                          |
| <b>E. Supervisory Approval:</b> As the applicant's supervisor, I certify that I have reviewed the information provided on this application and believe it to be accurate.   |  |                               | <b>F. Bureau/Office Transportation Subsidy Coordinator Certification:</b> |                            |                          |
| Name: _____   |  |                               | Name: _____   |                            |                          |
| Signature: _____  |  | Date (mm/dd/yyyy): _____      | Signature: _____  |                            | Date (mm/dd/yyyy): _____ |
| Title: _____  |  |                               | Title: _____  |                            |                          |

# 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 of the program are described on the Office of Facilities and Administrative Services web page at [http://www.doi.gov/ofas/support\\_services/transportation\\_subsidy.cfm](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](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](http://www.doi.gov/ofas/support_services/transportation_subsidy.cfm).
- If you have additional questions please contact your bureau/office Transportation Subsidy Coordinator.

## Specific Instructions for Completing this Form:

### A. Type of Action:

- Select First-time Application or Revised Application.

### B. Personal Information:

- Complete Personal Information section.
- 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 application will not be processed without this number.**

#### Bureau Codes to be Used:

|  |   |  |
|--|---|--|
| <b>BIA06 – Bureau of Indian Affairs</b>  | <b>FNP10 – National Park Service</b>  | <b>WBR07 – Bureau of Reclamation</b>       |
| <b>LLM05 – Bureau of Land Management</b> | <b>BOEM–BSEE23 – Bureau of Ocean Energy Management &amp; Bureau of Safety and Environmental Enforcement</b> | <b>FWS15 – Fish &amp; Wildlife Service</b> |
| <b>IBC01 – Interior Business Center</b>  |   | <b>LSM22 –Office of Surface Mining</b>     |
| <b>SOL21 – Solicitor</b>                 |   | <b>OS01 - Office of the Secretary</b>      |
| <b>OIG24 – Inspector General</b>         |   | <b>WGS08 – U.S. Geological Survey</b>      |

### C. My Commute:

- Complete My Commute section.
- **Washington Metropolitan Area Only:** You **MUST** purchase (\$5.00) and register your SmarTrip Card with METRO online at [www.smartrip.com](http://www.smartrip.com) or call 202-366-6902. Your application **will not** be processed without your **REGISTERED** SmarTrip Card number in the space provided. Vanpool riders **must** provide the Vanpool number. Commuters using modes of transportation not currently accepting the SmarTrip Card please see our website: [http://www.doi.gov/ofas/support\\_services/transportation\\_subsidy.cfm](http://www.doi.gov/ofas/support_services/transportation_subsidy.cfm); for additional information.

### D. Employee Certifications:

- Understand and comply with the rules governing participation in the Transportation Subsidy Program; then, sign and date the form.

### E. Supervisory Approval:

- Approve and return application to employee for forwarding to the bureau/office coordinator.

### F. Bureau/Office Transportation Subsidy Coordinator Certification:

- Certify application and 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.