TRANSPORTATION SUBSIDY PROGRAM RECERTIFICATION STATEMENT

PURPOSE: FY 2014 - Annual Recertification – TYPE RESPONSES ON THIS DOCUMENT, EXCEPT WHERE SIGNATURES REQUIRED.

ALL TRANSIT SUBSIDY PARTICIPANTS MUST COMPLETE this form. Also complete a new Transportation Subsidy Program Application w/ Expense Worksheet, and take the online *FY 2014 Transit Benefit Integrity Training* course in DOI Learn. Submit the completed application package to your bureau/office Transportation Subsidy Coordinator. (**NOTE:** ALL Transportation Subsidy Program Participants **MUST** maintain a ***Transit Benefit Integrity Awareness Training Certificate of Completion*** for their records. **ALL TRAINING** occurring from October 1, 2013 – December 31, 2013 will meet the FY 2014 Recertification requirements.)

I _____ certify that:

First name, middle initial, last name

- I certify that I am employed by the U.S. Department of the Interior (DOI).
- I certify that I am not the holder of any other form of workplace motor vehicle parking permit, nor am I receiving transportation benefits from another Federal organization. The phrase "named on a federally subsidized workplace permit," is defined as an individual who drives a privately owned or leased vehicle and who parks in a federally subsidized parking area. Any government-provided, owned, or leased parking area is considered federally subsidized.
- I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else.
- 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 month 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 I will not claim the transit benefit in excess of my actual monthly commuting expense. If at any time 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 the following month if appropriate.
- I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.
- I acknowledge that it is my responsibility to return any unused transportation subsidy to the component (e.g., subsidy unused due to leave taken or separation).
- I understand that this certification and making false, fictitious, or fraudulent certification may render me subject to criminal prosecution under Title 18, United States Code, Section 1001, and/or adverse action, including removal from the Federal service.

TSP Participant Printed Name	TSP Participant Signature	Date Signed (mm/dd/yyyy)
Last Four Digits of Social Security Number	Bureau/Office	Work Email Address
TSP Coordinator Printed Name	TSP Coordinator Signature	Date Signed (mm/dd/yyyy)

Upon completion of this form, please submit in person to your Department of the Interior Bureau/Office Transportation Subsidy Program Coordinator along with other required documents i.e., ***Transit Subsidy Application, Expense Worksheet, Transit Benefit Integrity Awareness Training Certificate, etc.***