

TRANSPORTATION SUBSIDY PROGRAM RECERTIFICATION STATEMENT

PURPOSE: FY 2013: **Recertification and 2013 Transit Increase** – TYPE RESPONSES ON THIS DOCUMENT, EXCEPT WHERE SIGNATURES REQUIRED.

DO NOT COMPLETE this form, if you have changes or updates since your last application submission, are a new enrollee or receive an Annual Pass. (Instead complete a new Transportation Subsidy Program Application w/ Expense Worksheet, and take the online *Transit Benefit Integrity Training* course. Submit the completed application package to your bureau/office Transportation Subsidy Coordinator.) Or if you do not have changes since your last submission, then **COMPLETE** this form and take the online *Transit Benefit Integrity Training*, if applicable. **NOTE: ALL** Transportation Subsidy Program Participants **MUST** maintain a ***Transit Benefit Integrity Awareness Training Certificate of Completion*** for their records.

I _____ certify that:
First name, middle initial, last name, last four digits of your social

- 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)
Duty Station	Work Email Address	Work Telephone number
Supervisor Printed Name	Supervisor Signature	Date Signed (mm/dd/yyyy)

What is your Bureau/Office Code and Name? _____

What is your Agency Payroll Cost Structure Account Number or IAA no.? _____

PARKING FEES ARE NOT ALLOWED AND CANNOT BE INCLUDED WHEN COMPUTING MONTHLY TRANSIT COSTS. PLEASE INDICATE EACH LEG OF YOUR COMMUTE AND CORRESPONDING MODE OF TRANSPORTATION ALSO FACTOR IN DISCOUNTS (I.E. REDUCED FARE FOR BUS TO RAIL TRANSFERS, SENIOR/DISABILITY, ETC)

Mode of Transportation	Name of Company	Cost of one way leg or weekly/monthly pass	From (Station/ Start Point)	To (Station/ End Point)	Total Cost for Mode

Your Monthly Grand Total Public Transportation Commuting Costs: _____

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