

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

A. Type of Action First Time Application Revised Application Annual Recertification

B. Personal Information

Name: Last 4-Digits SSN: XXX-XX- Office Phone :
Home Address: City: State: Zip Code:
Work Address: City: State: Zip Code:
Bureau/Office Code: WBS: Fund:
Fund Center: Functional Area: Cost Center:
Employment Status: Full-Time Part time Temporary/Seasonal* Please Note Appointment End Date

C. Employee Certifications and Informed Consent Waiver

I certify that I am employed by the U.S. Department of the Interior. Check Box

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. Check Box

I certify that I am not receiving another form of transportation subsidy. Check Box

I understand it is a violation of law to provide false or fraudulent information to the Federal Government to obtain the bicycle benefit.
 Check Box

I wish to participate in the Department of the Interior's Bicycle Subsidy Benefit Program. I agree to abide by Department's rules and regulations and understand that violation of the rules will result in withdrawal of the tax-free reimbursement available to me. Check Box

I realize that there are inherent dangers whenever one engages in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, as a result of bicycle riding. Check Box

I hereby release and hold harmless from any liability whatsoever the Department of the Interior, as well as its supervisors and representatives.
 Check Box

Employee Signature Email

D. Warning Certification

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.

Employee Signature Current Date

E. Supervisory Approval As the applicant's supervisor,
I certify that I reviewed this application and believe it to be accurate.

Name:
Email:
Signature:
Date:

F. Bureau/Office Transportation Subsidy Coordinator Certification: I
certify that I reviewed this application and believe it to be accurate.

Name
Email:
Signature:
Date

Bicycle Transportation Subsidy Benefit 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 can be found on the OFAS Bicycle Subsidy Benefit Program [web page](#).
- * The form must be signed by you and your supervisor, and forwarded to your bureau/office Transportation Subsidy Coordinator for review and signature. Proper signatures are required on all documents.
- * 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.
- * The 50% per month commuting requirement is "to and from work" (official duty station).
- * **NOTE:** A form-fillable version of this application can be found on-line on the OFAS Transportation Subsidy Benefit Program [web page](#); or you may pick-up paper copies from your bureau/office Transportation Subsidy Coordinator, or room 1321/1323, Main Interior Building.

Specific Instructions for Completing this Form:

A. Type of Action:

- * Select First-time Application, Revised Application or Annual Recertification.

B. Personal Information:

- * Complete personal information section.
- * If you do not know your “**Payroll Cost Structure Account Number**”, obtain it from your supervisor, timekeeper, administrative officer or business/human resource office. 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. (Office of the Secretary participants - Must include their specific bureau/office name.)

Bureau/Office Codes to be Used:

BIA06 - Bureau of Indian Affairs	FPN10 - National Park Service	WBR07 - Bureau of Reclamation
LLM05 - Bureau of Land Management	BOEM27 - Bureau of Ocean	FWS15 - Fish & Wildlife Services
IBC01 - Interior Business Center	Energy Management & BSEE26 -	LSM22 - Office of Surface Mining
SOL21 - Solicitor	Bureau of Safety and Environmental	OS01 - Office of the Secretary
OIG24 - Inspector General	Enforcement	WGS08 - U.S. Geological Survey

C. Employee Certifications and Informed Consent Waiver:

- * Understand and comply with the rules governing participation in the Bicycle Subsidy Benefit Program ; then, sign and date the form. During the months in which you receive/request the QBCR, you are ineligible for other transportation benefits (transportation in a commuter highway vehicle, transit pass or qualified parking benefits.).

D. Warning Certification

- * Understand and comply with the rules governing 18 U.S. Code § 1001, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.

D. Supervisory Approval:

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

E. Bureau/Office Transportation Subsidy Coordinator Certification:

- * Certify application and file as appropriate.
- * If you have additional questions please contact your bureau/office [Transportation Subsidy Coordinator](#).

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.