

**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 _____ 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 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.			
<i>Supervisory Certification</i>		<i>Approving Official</i>	
Name: _____		Name: _____	
Signature: _____	Date: _____	Signature: _____	Date: _____
Title: _____		Title: _____	