

PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION
(See Privacy Act statement on reverse)

INSTRUCTIONS: Please print or type all information. Complete, sign and submit this form to the Subsidy Program Coordinator in your region.

NOTE: Contract personnel are ineligible to receive program benefits.

APPLICANT INFORMATION

NAME			ORGANIZATION			CORRESPONDENCE SYMBOL		
LAST	FIRST NAME	MI						
HOME ADDRESS			DUTY STATION (City and State)					
STREET			OFFICE TELEPHONE NUMBER					
CITY	STATE	ZIP CODE	AREA CODE	NUMBER	EXT.			
LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER			MONTHLY COMMUTING COSTS (Based on a 20-day month commute by public transportation)					
ARE YOU A SUMMER INTERN?			DATE APPOINTMENT STARTED			DATE APPOINTMENT ENDED		
<input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES" enter starting and ending dates of appointment)								

MODES OF TRANSPORTATION USED TO AND FROM THE WORKPLACE
(Check as many as apply)

<input type="checkbox"/> BUS	<input type="checkbox"/> LIGHT RAIL	<input type="checkbox"/> SUBWAY	<input type="checkbox"/> TRAIN	<input type="checkbox"/> FERRY	<input type="checkbox"/> AUTHORIZED VANPOOL	<input type="checkbox"/> OTHER (Explain):
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REGIONAL CODE
(Check one)

ORGANIZATIONAL CODE
(Check one)

<input type="checkbox"/> CENTRAL OFFICE (00)	<input type="checkbox"/> THE HEARTLAND (06)	<input type="checkbox"/> FEDERAL TECHNOLOGY SERVICE (FT)	<input type="checkbox"/> OFFICE OF GOVERNMENTWIDE POLICY (OG)
<input type="checkbox"/> NEW ENGLAND (01)	<input type="checkbox"/> GREATER SOUTHWEST (07)	<input type="checkbox"/> PBS PROPERTY DISPOSAL (PD)	<input type="checkbox"/> FEDERAL CONSUMER INFORMATION CENTER (XC)
<input type="checkbox"/> NORTHEAST AND CARRIBEAN (02)	<input type="checkbox"/> ROCKY MOUNTAIN (08)	<input type="checkbox"/> PBS ALL OTHER (PB)	<input type="checkbox"/> GENERAL MANAGEMENT AND ADMINISTRATION (GM)
<input type="checkbox"/> MID-ATLANTIC (03)	<input type="checkbox"/> PACIFIC RIM (09)	<input type="checkbox"/> FEDERAL SUPPLY SERVICE (FS)	
<input type="checkbox"/> SOUTHEAST SUNBELT (04)	<input type="checkbox"/> NORTHWEST/ARCTIC (10)	<input type="checkbox"/> OFFICE OF INSPECTOR GENERAL (IG)	
<input type="checkbox"/> GREAT LAKES (05)	<input type="checkbox"/> NATIONAL CAPITAL (11)	<input type="checkbox"/> FORMER PRESIDENTS (FP)	

EMPLOYEE CERTIFICATION

WARNING: I understand that it is a Federal crime under United States Code, Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution and punishment including a fine of up to \$5000 and/or administrative punishment, which may result in the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge and that:

- I am an employee of the General Services Administration (GSA).
- I am not named on a worksite parking permit with GSA or any other Federal agency.
- I am eligible for a public transportation fare benefit.
- I will use the fare media for my regular daily commute to and/or from work.
- I will not transfer fare media to anyone else.
- The monthly transit benefit I will receive does not exceed my average monthly commuting cost.
- I will not use the Government-provided transit benefit in excess of the statutory limit in any given month.
- If my commuting costs per month exceed the statutory limit, I will supplement the cost with my own funds.
- I will not use a transit benefit designated for use in a future month.
- I will return all unused fare media upon leaving GSA.

SIGNATURE OF APPLICANT		DATE
NAME AND TITLE OF SUBSIDY COORDINATOR		DATE
SIGNATURE OF SUBSIDY COORDINATOR		

PRIVACY ACT STATEMENT

PURPOSE: This form is used to collect data from GSA employees applying for benefits under the Transportation Benefits Program.

AUTHORITIES: Public Law 101-509; Executive Order 13150; and Federal Employees Clean Air Incentives Act (section 2(a) of Public Law 103-172, found at 5 USC 7905).

USES: The information is used to facilitate timely processing of your request, determine your eligibility, and prevent misuse of the funds involved. It also is used 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 GSA or any other Federal agency. The information may be disclosed: to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; to the Office of Personnel Management or the General Accounting Office for evaluation of the program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings; and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program.

DISCLOSURE OF INFORMATION: Furnishing the information on this form, including your Social Security Number and home address, is voluntary. Without this information, however, your request for a transit benefit cannot be approved.