

U.S. DEPARTMENT OF AGRICULTURE
PRE-TAX PARKING APPLICATION
(Please type or print legibly in blue or black ink)

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

If applicable: Div/Unit _____ Rm#/Sub Unit _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____ SSN: _____

Parking Facility

(Please provide the name of the parking facility that you use in the space below):

Metro Lot _____ Private Lot _____ Public Lot _____

Parking Meter _____ Other(explain) _____

Employee Certification:

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 am employed by the Department of Agriculture.
I certify that I am eligible for a pre-tax parking benefit.
I certify that the monthly pre-tax parking I am receiving does not exceed my monthly parking cost.

I certify that my usual monthly parking costs are: _____

Employee **Original** Signature: _____ **Date:** _____

Parking Coordinator:

Name: _____ Title: _____

Signature: _____ Date: _____