USDA Form RD 2045-11 (Rev. 5-02)

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 o	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 certifica	tion concerns a matter	with the jurisdiction of an
agency of the United Sta	ates and making a false	e, fictitious, or fraudulent
certification may rende:	r the maker subject to	criminal prosecution under
Title 18, United States	Code, Section 1001, Ci	vil Penalty Action,
providing for administra and/or agency disciplina		to \$10,000 per violation, ncluding dismissal:
I certify that I am emp I certify that I am eli I certify that the montl monthly parking cost.	gible for a pre-tax par	
I certify that my usual	monthly parking costs	are:
Employee Original Signatu	ure:	Date:
Parking Coordinator:		
Name:	Title:	
Signature:		

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 transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved.