

PROGRAM APPLICATION

Department of the Navy - Transportation Incentive Program - Outside the National Capital Region

SELECT ONE:  Enrolling  Making a Change  Withdrawing ( Effective Date: )

I. Applicant Information (please type):

Employing Branch of Service (choose one in each category): (  U.S. Navy OR  U.S. Marine Corps ) (  Military Member OR  Civilian Employee )
Last Name: First Name: MI: Last 4 digits of Your SSN:
Home Address(Street): City/State: Zip Code:
USN/USMC Installation/Activity:
Organization (Command) Address: Email Address:
Duty Location (City, State): Office Telephone Number (include area code): ( )

FUNDING INFORMATION FOR MILITARY MEMBERS ONLY:

A. USN UIC (Unit Identification Code) or USMC RUC (Reporting Unit Code): MAJOR COMMAND:

B. Select the applicable category:

Active Duty Officer  Active Duty Enlisted  Reserve Officer  Reserve Enlisted  FTS Officer  FTS Enlisted

FUNDING INFORMATION FOR CIVILIAN EMPLOYEES ONLY:

A. USN UIC (Unit Identification Code) or USMC RUC (Reporting Unit Code): MAJOR COMMAND:

B. Select the applicable category: (Select one funding source from either Appropriated/WCF or Non-appropriated funds)

Appropriated Funds/WCF:  O&M  O&M, NR  R&D  Working Capital Fund (WCF)  Defense Health (DHP)
Non-appropriated Funds (NAF):  Exchanges/Navy Lodge  MWR  Lodging(Barracks/BOQ/BEQ/Billeting)

II. MODE(S) OF MASS TRANSPORTATION:

Identify the Mass Transportation system(s) you intend to use:

Identify the specific type(s) of pass/ticket(s) you intend to use:

- Mass Transportation includes: Commuter Bus, Commuter Train, Subway/Light Rail, Van Pool, Ferry. Parking expenses are excluded from this benefit.
• Van Pools must satisfy Internal Revenue Code 26 Section 132(f) requirements as well as DON-mandated restrictions, including the following: Van Pool owners who are drivers or passengers are not eligible to receive this benefit, nor are any DON employee van pool drivers receiving compensation for their services.
• Ferries: Walkers, bicyclists, and van pool members are authorized to claim the foot passenger rate only.
• Participants solely utilizing carpools, motorcycles, airplanes, bicycles, or walking, as their method of transportation, do not qualify for this benefit.
• Benefits will be paid in the form of transit fare media wherever possible. Parking passes may be revoked dependent upon local command policy..

III. EMPLOYEE CERTIFICATION OF ACTUAL COSTS (Maximum \$115.00 Benefit):

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 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 DON (U.S. Navy or the U.S. Marine Corps) and I am not a contractor.

I certify that this information is accurate and agree to notify the Installation POC of any change to employee status \$

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that my actual monthly mass transit commuting costs (not including parking fees) are: \*Amount from Verification Work Sheet

I certify I will use this benefit for my daily commute to and from work and will not transfer it to another individual.

I agree to notify the Installation POC should the fare amount and/or my ridership level increase/decrease.

I certify that upon transfer, separation, termination of employment or retirement/resignation, I will return any unused vouchers or outstanding debt to the Installation POC.

I certify that the transit benefit I am receiving meets the criteria outlined in IRC 26 Section 132(f) as well as any further restrictions mandated by the DON.

Employee Signature: Date:

IV. REVIEWING OFFICIAL ACKNOWLEDGEMENT OF ACTUAL COSTS (Maximum \$115.00 Benefit):

I certify that to the best of my knowledge, the information provided in Section III and the DON TIP Transit Benefits Verification Work Sheet is accurate.

Reviewing Official Signature: Phone: Date:

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 the Mass Transportation fringe benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to help prevent misuse of the funds involved.

(COMPLETE AND PROVIDE TO YOUR LOCAL POC - INCOMPLETE or ILLEGIBLE applications will NOT be processed.)