Check Action
New: ☐
Change ☐
Cancellation: ☐

U.S. DEPARTMENT OF AGRICULTURE
PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION
(Please type or print legibly in blue or black ink)

Temporary NTE Date _____

USDA Agency Code (For example: 02 for Agricultural Marketing Research): _____

A. 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 (Last 4 numbers): _____

E-Mail Address (Optional): _____

Prior to applying for this benefit, did you drive to work or use some form of mass transit? _____

B. Modes of Transportation to be used to and from workplace:
Please provide the name of the transit company/system that you use in the space below:

Bus_____Light Rail_____Subway_____Train_____Ferry_____

Authorized *Commuter Highway Vehicle (Van pool)_____Other (explain)_____
*Any authorized vehicle with a seating capacity of at least 6 adults (not including the driver). At least 80 percent of the total mileage use of this vehicle can reasonably be expected to be for purposes of transporting persons in connection with travel between their residences and their place of employment. During these trips passengers will number at least ½ of the adult seating capacity (not including the driver).

Please provide the specific type of faremedia you use (e.g., ticket, pass, token, etc.): _____

C. 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 public transportation fare benefit, will use it for my daily commute to and from work, and will not give, sell, or transfer it to anyone else.
I certify that I am not a member of a carpool and/or I do not receive disability or executive parking privileges.
I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting 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, then 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.
I understand that I am responsible for returning ALL partially used and unused faremedia to my agency's designated commuter benefits coordinator three working days before my effective date of reassignment, transfer, *resignation, retirement, etc.*

I certify that my usual monthly commuting costs, exclusive of parking, are: $_____

Employee Original Signature: _____Date: _____

D. Commuter Benefit Coordinator: _____ **Agency Maximum Benefit:** _____

Name: _____Title: _____

Signautre: _____ 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 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. This information will be matched with lists at other Federal agencies of Government-assigned parking to ensure consistency with mode of transportation checked.

AD-1147 (Revised 10/22/02)
(Other form obsolete)