## UNITED STATES AIR FORCE OUTSIDE THE NATIONAL CAPITAL REGION PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION

Purpose: Executive Order 13150 requires Federal agencies to establish transportation incentive program in order to reduce Federal employee's contribution to traffic congestion and air pollution and to expand their commuting alternatives. The purpose of the program is to encourage commuting by mass transportation and provide incentives to members/employee.

**Applicant Information:** Application must be filled out completely. Please print clearly as incomplete or illegible applications will not be processed.

| Application (please circle one):                                                                                                                                                                                                                                          | Enrolling                                                                                                                                                                                        | Making a Chang                                                                                        | e                                                                                                               | Withdrawing                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Name as it appears in payroll rec<br>Last Name:                                                                                                                                                                                                                           |                                                                                                                                                                                                  |                                                                                                       | MI:                                                                                                             | SSN (Last Four):                                                                                       |
| City (Residence):                                                                                                                                                                                                                                                         |                                                                                                                                                                                                  | State:                                                                                                | Zip Code:                                                                                                       |                                                                                                        |
| Air Force Installation/Activity:_ Duty Location (City):                                                                                                                                                                                                                   |                                                                                                                                                                                                  | — Office Telephon                                                                                     | Number (Comm                                                                                                    | araial); ( )                                                                                           |
|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  | Office Telephoni                                                                                      | e Number (Comm                                                                                                  | erciai): ()                                                                                            |
| Are you (circle one):                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                       |                                                                                                                 |                                                                                                        |
| Air Force Active Duty<br>Air Force Civilian Employee<br>Air Force NAF Employee                                                                                                                                                                                            | Air National G                                                                                                                                                                                   | Guard Active Duty<br>Guard Civilian Employer<br>Guard NAF Employer                                    |                                                                                                                 | Air Force Reserve Active Duty<br>Air Force Reserve Civilian Employee<br>Air Force Reserve NAF Employee |
| Name of the transportation syste<br>What type of pass/ticket do you                                                                                                                                                                                                       | m/company useduse?                                                                                                                                                                               |                                                                                                       |                                                                                                                 |                                                                                                        |
| B. Employee Certification:                                                                                                                                                                                                                                                |                                                                                                                                                                                                  |                                                                                                       |                                                                                                                 |                                                                                                        |
| or fraudulent certification may re Penalty Action, providing for adi including dismissal.  I certify that I am eligib not transfer it to anyone I certify that the monthl I certify that my usual r I certify that this inform [Note: The current m your estimated transp | ender the maker sub<br>ministrative recover<br>ole for a public tran-<br>else.<br>y transit benefit I a<br>nonthly commuting<br>nation is accurate an<br>aximum benefit a<br>ortation cost above | bject to criminal propries of up to \$10,00 asportation fare bendan receiving does not goosts are: \$ | secution under Ti 0 per violation, an efit, will use it for ot exceed my mon e installations PO o Air Force emp | C of any change to employee status.  cloyees is \$130.00 a month]. Please indicate                     |
| Employee Signature:                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                                       | Date:                                                                                                           |                                                                                                        |
| Supervisor Signature:                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                       | Date:                                                                                                           |                                                                                                        |
| C. Installation Point of Conta                                                                                                                                                                                                                                            | ct:                                                                                                                                                                                              |                                                                                                       |                                                                                                                 |                                                                                                        |
| Name (Last, First):                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                                       | Signatu                                                                                                         | ıre:                                                                                                   |
| Unit Address:                                                                                                                                                                                                                                                             |                                                                                                                                                                                                  |                                                                                                       |                                                                                                                 | Phone:                                                                                                 |

**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 prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies 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 DoD or any other Federal agency. Partial social security number (SSN - last four numbers) will be used for record keeping purposes.

## MASS TRANSPORTATION BENEFIT PROGRAM DEPARTMENT OF THE AIR FORCE - OUTSIDE THE NATIONAL CAPITAL REGION COMMUTER EXPENSES CALCULATION WORKSHEET

Calculate your MONTHLY MASS TRANSPORTATION EXPENSES based on the way (daily, weekly, monthly) that you pay for your commute. Round your expenses to the nearest dollar. Parking fees are not eligible for reimbursement and will not be included in your calculations.

Complete and sign this worksheet and submit it to your installation POC along with your MTBP application form. If your commuting costs change, you must complete a new worksheet and submit it to your POC, along with a new application form for "Making a Change".

| SANT NAME (Last, first, MI):                                                                                                                                                                                               |                                                                                                      |                   |                                         |                                                                                | DATE:                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|
| EE CERTIFICATION WARNING:                                                                                                                                                                                                  |                                                                                                      |                   |                                         |                                                                                |                                            |
| cation concerns a matter within the maker subject to criminal prosecut of up to \$10,000 per violation, and t I am employed by the above mer rederal agency, or that I will relinque t I am eligible for a public transpor | tion under Title 18, Un<br>/or agency disciplinary<br>ntioned Federal Agenc<br>uish my permit before | ited States Code  | e, Sect<br>nd incl<br>amed c<br>g the f | tion 1001, Civil Pe<br>luding dismissal.<br>on a federally sub<br>are benefit. | enalty Action, providing for a             |
| N I. COMMUTING COST CONVERT                                                                                                                                                                                                | ER                                                                                                   |                   |                                         |                                                                                |                                            |
| JR AND COMPRESSED WORK                                                                                                                                                                                                     | WEEK SCHEDULE                                                                                        | CONVERTER         | 2                                       |                                                                                |                                            |
| complete the conversion that applies                                                                                                                                                                                       | to your work schedule                                                                                | commute.          |                                         |                                                                                |                                            |
| hour workday conversion                                                                                                                                                                                                    |                                                                                                      | Daily Cost:\$     | 21                                      | Days Worked                                                                    | Total:\$                                   |
| hour workday conversion                                                                                                                                                                                                    |                                                                                                      | Daily Cost:\$     | 19                                      | Days Worked                                                                    | Total:\$                                   |
| hour workday conversion                                                                                                                                                                                                    |                                                                                                      | Daily Cost:\$     | 17                                      | Days Worked                                                                    | Total:\$                                   |
| her Work Schedule conversion                                                                                                                                                                                               |                                                                                                      | Daily Cost:\$     |                                         | Days Worked                                                                    | Total:\$                                   |
| ekly Work Schedule conversion                                                                                                                                                                                              | Weekly Cost:\$                                                                                       |                   | 4                                       | Wks per Month                                                                  | Total:\$                                   |
| g fees are not eligible for reimburseme                                                                                                                                                                                    |                                                                                                      | uded in your cald | culatio                                 | ns.                                                                            |                                            |
| ete only those items that apply to your ng fees are not eligible for reimbursements  SPORTATION TO WORK:  COMPANY NAME                                                                                                     |                                                                                                      |                   |                                         | ns.<br>EKLY EXPENSE                                                            | MONTHLY EXPENSE                            |
| SPORTATION TO WORK:  COMPANY NAME                                                                                                                                                                                          | DAILY EXF                                                                                            | PENSE \$          | WEI                                     |                                                                                | \$                                         |
| SPORTATION TO WORK:  COMPANY NAME                                                                                                                                                                                          | DAILY EXF                                                                                            | PENSE \$          | WEI                                     |                                                                                | \$<br><b>\$</b>                            |
| SPORTATION TO WORK:  COMPANY NAME  I:  OOL:                                                                                                                                                                                | DAILY EXF                                                                                            | PENSE \$          | WEI                                     |                                                                                | \$                                         |
| SPORTATION TO WORK:  COMPANY NAME                                                                                                                                                                                          | DAILY EXF                                                                                            | PENSE<br>\$<br>\$ | WEI                                     | EKLY EXPENSE                                                                   | \$<br>\$<br>\$<br>\$                       |
| SPORTATION TO WORK:  COMPANY NAME  I:  OOL:  R:  SPORTATION FROM WORK:                                                                                                                                                     | DAILY EXF                                                                                            | PENSE<br>\$<br>\$ | WEI                                     |                                                                                | \$<br>\$<br>\$                             |
| SPORTATION TO WORK:  COMPANY NAME  I:  OOL:  R:  COMPANY NAME                                                                                                                                                              | DAILY EXF                                                                                            | PENSE \$          | WEI                                     | EKLY EXPENSE                                                                   | \$<br>\$<br>\$<br>\$                       |
| GPORTATION TO WORK:  COMPANY NAME  COMPANY NAME  COMPANY NAME  COMPANY NAME                                                                                                                                                | DAILY EXF                                                                                            | PENSE \$          | WEI                                     | EKLY EXPENSE                                                                   | \$ \$ \$ MONTHLY EXPENSE \$                |
| PORTATION FROM WORK:  COMPANY NAME  COMPANY NAME  COMPANY NAME                                                                                                                                                             | DAILY EXF                                                                                            | PENSE \$          | WEI                                     | EKLY EXPENSE                                                                   | \$ \$ \$ MONTHLY EXPENSE \$                |
| SPORTATION TO WORK:  COMPANY NAME  I:  OOL:  R:  COMPANY NAME  COMPANY NAME  I:  COMPANY NAME                                                                                                                              | DAILY EXF                                                                                            | PENSE             | WEI                                     | EKLY EXPENSE  EKLY EXPENSE                                                     | \$ \$ \$ MONTHLY EXPENSE \$ \$ \$ COST: \$ |
| SPORTATION TO WORK:  COMPANY NAME  I:  OOL:  R:  SPORTATION FROM WORK:                                                                                                                                                     | DAILY EXF                                                                                            | PENSE             | WEI                                     | EKLY EXPENSE  EKLY EXPENSE                                                     | \$ \$ \$ MONTHLY EXPENSE \$ \$ \$ COST: \$ |