

**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 Change                      Withdrawing

Name as it appears in payroll records or on paycheck:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN (Last Four): \_\_\_\_\_

City (Residence): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Air Force Installation/Activity: \_\_\_\_\_

Duty Location (City): \_\_\_\_\_ Office Telephone Number (Commercial): (\_\_\_\_) \_\_\_\_\_

Are you (circle one):

Air Force Active Duty  
Air Force Civilian Employee  
Air Force NAF Employee

Air National Guard Active Duty  
Air National Guard Civilian Employee  
Air National Guard NAF Employee

Air Force Reserve Active Duty  
Air Force Reserve Civilian Employee  
Air Force Reserve NAF Employee

Name of the transportation system/company used. \_\_\_\_\_  
What type of pass/ticket do you use? \_\_\_\_\_

**B. 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 eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

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

I certify that my usual monthly commuting costs are: \$ \_\_\_\_\_

I certify that this information is accurate and agree to notify the installations POC of any change to employee status.

**[Note: The current maximum benefit amount available to Air Force employees is \$130.00 a month]. Please indicate your estimated transportation cost above.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Installation Point of Contact:**

Name (Last, First): \_\_\_\_\_ Signature: \_\_\_\_\_

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.

POC SIGNATURE: