

Acknowledgement and Certification of Understanding
Department of Transportation Mass Transit Program

This is to acknowledge that I have read the memo regarding DOT mass transit program. I further certify that I understand the memo, what is required of me as an enrolled member in the mass transit program and understand making a false, fictitious, or fraudulent certification could result in criminal prosecution under Title 18, United States Code, Section 1001.

Last Name, First Name, Middle Initial

Email Address

Date

Signature

Address of Residence: _____

Street, City, State, & Zip Code

- | | | |
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| 1. Do you Live on Base, in the Dorms, or in the Pinnacle Housing areas: | Yes | No |
| 2. Are you a Contract Employee: | Yes | No |
| 3. Are you requesting the benefit for use as a means to travel to/from the Airport on official orders: | Yes | No |
| 4. Are you requesting the benefit for use as transportation to/from St Louis on personal business: | Yes | No |
| 5. Are you a Guard/Reservists on AD orders or working as a NSPS/GS employee | Yes | No |
| 6. Will you use the benefit for at least 51% of each month: | Yes | No |
| 7. Will you use the benefit as your primary means of commuting to/from your residence to Scott AFB: | Yes | No |

If you answered yes to questions 1-4 please see a Customer Service Representative for further assistance.