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 Recertifying

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

Name of the transportation system/company used. _____
What type of pass/ticket do you use. _____
If you are a van pool member, please complete the supplemental application. The supplemental application must list each van pool member (minimum requirement of 7 registered members for van pool; vehicle must be used 80 percent for commercial van pool)

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 benefit amount available to Air Force employees is $230.00 a month ($2,760.00 a year)]. Please indicate your estimated transportation cost above. Benefits will be paid in the form of transportation vouchers wherever possible.

Employee Signature: _____Date: _____

Supervisor Endorsement Printed Name:_____

Supervisor Signature:_____Date:_____

C. Installation Point of Contact:

Name (Last, First):_375th Comptroller Squadron (Finance Office) _____Signature:_____

Unit Address: _215 Heritage Dr Building P-10 Room C-203 Scott AFB , IL 62225_____Phone_618-256-7835/1851_____

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.