

New Utilizing SF1164 Wash. Metro Area New Line Office Change of Name  
Increase Decrease Remove New Org/Task Change of Address  
Field POC: \_\_\_\_\_  
Common Identifier \_\_\_\_\_ Telephone # \_\_\_\_\_ Zip code \_\_\_\_\_

**APPLICATION FOR TRANSIT BENEFITS  
DOC-NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
(FORM MUST BE COMPLETED)**

**PLEASE TYPE:**

NAME: \_\_\_\_\_  
(Last) (First) (M.I.) (4-Digit PIN #) Chosen by Employee

HOME Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Work Address: DOC  
(Agency) (Bureau) (Office) (Room)

\_\_\_\_\_  
(Address) (City) (State) (Phone Number)

**MASS TRANSIT BENEFIT MODE OF ACTUAL COMMUTING:** (Please check all that apply)

Commuter Bus Commuter Train Metro Bus Metro Rail Metro-Approved Van Pool\* Ride-On PTRC Ferry Amtrak  
Other \_\_\_\_\_

\*must have seating for six passengers and a minimum of 80% of mileage must be used for transporting employees to and from work.

**ARE YOU A SMART CARD HOLDER:** Yes No If yes, what is smartcard number only \_\_\_\_\_

**DO YOU RECEIVE REDUCED FARE: PUBLIC TRANSPORTATION RATES (employee with disabilities or Senior Citizen)**  Yes  No

**EMPLOYEE CERTIFICATION:** I hereby certify that I am employed by the Department of Commerce/NOAA/NTIA/NIST and am not named on a work site parking permit with DOC/NOAA/NTIA/NIST, any other federal agency, or any county parking benefit program. I also certify that I am eligible for a public transportation subsidy benefit, will be using it for my regular daily commute to and/or from work, and I will not transfer it to anyone else. In addition, I certify that the monthly transit benefit I am receiving **does not exceed** my average monthly commuting cost (based on a 20-day month commuting by public transportation). I certify 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 certify that my usual monthly commuting costs are: \$\_\_\_\_\_.

**THIS CERTIFICATION CONCERNS A MATTER WITHIN 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 \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.**

x \_\_\_\_\_  
(Application Signature)

*Privacy Act Statement: This information is solicited under authority of 5 U.S.C. Sections 301 and 7905. Furnishing the formation 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 fund involved. This information will be provided to the Department of Transportation for processing of benefits. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a car pool or van pool participant or a holder of any other form of vehicle work site parking.*

**COMPLETED BY EMPLOYEE'S SUPERVISOR:**

LINE/STAFF OFFICE: (check one)

NESDIS NWS NOS NMFS OAR Corporate Offices USEC GC OMAO PPI CIO OED AGO WFMO CFO  
NIST NTIA OSY

Enter Appropriate Dollar Amount of the Fare Media Requested: \$\_\_\_\_\_ Not to Exceed Current Program Allowance

\_\_\_\_\_  
(Supervisor's Signature) (Print Name) (Date)

NOTE: Supervisor's approval is based on person's eligibility to receive benefits in the amount stated above.

**COMPLETED BY BUDGET/ADMINISTRATIVE OFFICER: AVAILABLE OF FUNDS APPROVAL:** \_\_\_\_\_  
(Signature of Budget/Administrative Officer)

\_\_\_\_\_  
Org/Task (Date)

**VERIFIED BY POC:**

\_\_\_\_\_  
(Signature of POC) (Print Name) (Date)

POC's are to forward completed form to Real Property, Facilities and Logistics Office, Logistics Operations Division, Subsidy Program Manager, SSMC 4, Room 8631, Silver Spring, MD 20910.

## MASS TRANSIT EXPENSE WORK SHEET

**NOTE:** NOAA Application for Public Transit Fare Benefit, requires NOAA/NTIA/NIST participants to calculate their usual monthly mass transit commuting cost to the nearest dollar for their daily commute to work. This work sheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transit commuting cost.

**INSTRUCTIONS:** Calculate your *Total Monthly Mass Transit Expenses* by the way you pay for commute. List your mode of mass transportation, and how much it cost you; *daily*, or if paid *weekly*; or if purchased in *monthly* passes. Then using the work sheet below, convert all costs to a total monthly amount. It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing their total monthly mass transportation expenses.

**REMEMBER:** Parking fees are not allowed and cannot be included when computing monthly transit costs. If you are a person with a disability or senior citizen receiving reduced fare rates, you must calculate the reduced rates you pay.

MODE OF TRANSPORTATION		DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
BUS TO WORK <i>(Local)</i>	NAME OF COMPANY	\$		
BUS FROM WORK <i>(Local)</i>	NAME OF COMPANY	\$	\$	\$
OTHER BUS MODE TO WORK <i>(Commuter or County)</i>	NAME OF COMPANY	\$		
OTHER BUS MODE FROM WORK <i>(Commuter or County)</i>	NAME OF COMPANY	\$	\$	\$
RAIL TO WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION	\$		
RAIL FROM WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION	\$	\$	\$
COMMUTER RAIL TO WORK <i>(Train)</i>	NAME OF COMPANY	\$		
COMMUTER RAIL FROM WORK <i>(Train)</i>	NAME OF COMPANY	\$	\$	\$
OTHER <i>(Specify)</i>	LIST MODE TO WORK	\$		
	LIST MODE FROM WORK	\$	\$	\$
VAN POOL COST PER MONTH	NAME OF COMPANY			
TOTAL <				

### CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST

#### 40-HOUR WORKWEEK SCHEDULE CONVERSION

EIGHT HOUR WORK DAY CONVERSION			NINE HOUR WORK DAY CONVERSION			TEN HOUR WORKDAY CONVERSION		
DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH	DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH	DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH
\$	X	\$	\$	X	\$	\$	X	\$
LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION					WEEKLY PASS CONVERSION			
<i>Complete if you work less than 40-hours per week (Telecommuter, part-time, etc.)</i>					WEEKLY PASS COSTS	NUMBER OF WEEKS PER MONTH	TOTAL WEEKLY COST PER MONTH	
DAILY MASS TRANSIT COST	NUMBER OF DAYS WORKED PER MONTH	TOTAL DAILY COST PER MONTH			\$	X 4		
\$	X	\$						

NOTE: If the scheduled number of hours you work per month changes, see your Point of Contact for possible self-certification options as prescribed in Transit Benefit Program Directive 0633

NAME OF EMPLOYEE <i>(Please print your name clearly)</i>	TOTAL DAILY COST PER MONTH (if any) <	
	TOTAL WEEKLY COST PER MONTH (if any) <	
SIGNATURE OF EMPLOYEE	TOTAL MONTHLY COST PER MONTH (if any) <	
	GRAND TOTAL COST PER MONTH (if any) <	
MY GRAND TOTAL MONTHLY MASS TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR <i>(Round either up or down to nearest dollar)</i>		< \$