

**U. S. DEPARTMENT OF DEFENSE
DEPARTMENT OF THE ARMY, US ARMY CADET COMMAND – OUTSIDE THE NATIONAL
CAPITAL REGION
MASS TRANSPORTATION BENEFIT PROGRAM APPLICATION**

(Upon completion, this application MUST be submitted to your local POC)

IMPORTANT: To process this application, you must select one of the following. Are you (X only one):

/_____/ ENROLLING /_____/ WITHDRAWING /_____/ MAKING A CHANGE

A. **Applicant Information:** Please print or type. Application must be filled out completely.
Incomplete or illegible applications will not be processed.

Last Name: _____ First Name: _____ MI: _____ Last 4 Digits of Your SSN: _____

City (Residence): _____ State: _____ Zip Code: _____

Organization: **ARMY** USACC: _____ Brigade/Battalion (school): _____

Duty Location (City): _____ Commercial Office Telephone Number: _____

Are you? (check one)

Civilian _____ NAF _____ Military _____

If military, are you (check one)?

Active _____ National Guard _____ Reserve _____

B. **Mode(s) of Transportation to be used to and from workplace:**

Commuter Bus _____ Commuter Train _____ Subway/Light Rail _____ Vanpool _____ Other _____

Please identify the transportation system/company by name that you use.* _____

Please identify the specific type of pass/ticket that you use.* _____

*If unknown, request information from your Region POC. POC List is at <http://www.asafm.army.mil/rabp/masstrans/masstrans.asp>.

C. **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 employed by the Department of the Army.
- 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 actual monthly commuting costs.
- I certify that my usual monthly commuting costs are: \$_____

[Note: The current benefit amount available to Army employees for actual commuting costs is \$100 a month, \$1200 a year. Please indicate your estimated transportation cost above. Benefits will be paid in the form of transportation vouchers wherever possible. If monthly fare media exceeds \$100 per month, Army/Department of Transportation (DOT) may opt to purchase monthly passes or fare media at the full monthly cost, not to exceed \$1,200 annually as permitted within the maximum threshold.

Employee Signature: _____ Date: _____ POC Review: _____

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.

**DEPARTMENT OF THE ARMY – OUTSIDE THE NATIONAL CAPITAL
REGION
MASS TRANSPORTATION FRINGE BENEFIT PROGRAM
APPLICATION**

(Upon completion this application MUST be submitted to your local POC)

PURPOSE: To certify an increase to your benefit.

APPLICANT INFORMATION

LAST NAME
FIRST NAME
MIDDLE INITIAL
LAST 4 DIGITS
OF YOUR SSN

EMPLOYEE CERTIFICATION

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I certify that I am employed by the U.S. Department of Army

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 actual monthly commuting costs (excluding parking).

I certify that my usual (or estimated) monthly commuting costs (excluding parking) are: \$

EMPLOYEE SIGNATURE: _____ **DATE:** _____

POC REVIEW: _____