

**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.

A. Applicant Information: Application must be typed.

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: California Zip Code: _____

Air Force Installation: Presidio of Monterey, CA 93944-3223 / Air Force Activity: _____

Duty Location (City): Monterey, CA 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. Monterey-Salinas Transit (Commuter Bus)

What type of pass/ticket do you use? Monthly Bus Pass

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: \$ 120.00

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: _____

C. Installation Point of Contact:

Name (Last, First): Marshall, Shawn Signature: _____

Unit Address: 1759 Lewis Rd. Suite 110, Monterey, CA 93944 Phone: (831) 242-7590 or DSN 768-7590

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.

AIR FORCE TRANSPORTATION INCENTIVE PROGRAM

COMPLETION EXPLANATION

Section A - Applicant Information:

Application (please circle one): Leave Enrolling circled.

Last Name: self explanatory

First Name: Use full first name, no nick names

MI: self explanatory

SSN (last Four): do not use your full SSN only the last four numbers

City (Residence): This is where you live in California.

Do not list another state unless you drive from another state to Presidio of Monterey everyday.

State: This must be California

Zip Code: self explanatory

Organization/Command: self explanatory

Air Force Installation/Activity: Do not change Presidio of Monterey, CA.

List 311 TRS, 314 TRS or AFELM after the / behind CA

Duty Location: Do not change

Office Telephone Number (Commercial): Use area code and full number (example: 831-242-7590)

Are you (Circle one): This can be done in pen.

Name of transportation system/company used. Do not change.

What type of pass/ticket do you use? Do not change.

Section B – Employee Certification:

I certify that my usual monthly commuting costs are: Do not change.

Employee Signature: Print off the completed form and sign with a complete signature

Date: The date you completed the form

Section III – Installation Point of Contact: Do not change