

**DEPARTMENT OF AGRICULTURE
PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION**

(Please type or print legibly in blue or black ink)

ACTION REQUESTED (CHECK ONE): **New** **Change** **Cancellation** **Temporary NTE Date:** _____

NOTE: Items 1 through 12, and the reverse side of this form must be completed in full before submitting to your designated Commuter Benefit Coordinator.

APPLICANT INFORMATION

1. NAME OF APPLICANT (Last, First, Middle Initial)	2. WORK ADDRESS (Street, City, State, ZIP Code) (If applicable: Div/Unit, Rm # / Sub Unit) E-MAIL ADDRESS (Optional):	3. HOME ADDRESS (Street, City, State, ZIP Code)
4. USDA AGENCY CODE (See Codes Below)	5. EMPLOYEE SOCIAL SECURITY NUMBER (last 4 numbers): _____	6. WORK TELEPHONE NUMBER
7. MODE(S) OF TRANSPORTATION TO BE USED DAILY TO COMMUTE TO AND FROM WORK. <input type="checkbox"/> Bus <input type="checkbox"/> Light Rail <input type="checkbox"/> Subway <input type="checkbox"/> Ferry <input type="checkbox"/> Train <input type="checkbox"/> Authorized Vanpool <input type="checkbox"/> Other (Specify): _____	8. TYPE OF FARE MEDIA YOU USE. <input type="checkbox"/> Fare Card <input type="checkbox"/> Tickets <input type="checkbox"/> Pass <input type="checkbox"/> Tokens <input type="checkbox"/> Voucher <input type="checkbox"/> SmarTrip Card <input type="checkbox"/> Other (Specify): _____	9. TYPE OF REDUCED FARE PUBLIC TRANSPORTATION RATE YOU RECEIVE. <input type="checkbox"/> Disability <input type="checkbox"/> Senior Citizen

10. Prior to applying for this benefit, how did you commute to work (check one): Drive Bus Train Vanpool Ferry Other

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 removal from Federal Service.

- I certify I am employed by the Department of Agriculture.
- I certify I am eligible for a public transportation fare benefit. I will use it for my daily commute to and from work. I will not give, sell, or transfer it to anyone else.
- I certify I am not a member of a carpool. I do not receive disability or executive parking privileges.
- I certify the monthly transit benefit I am receiving does not exceed my monthly commuting costs.
- I certify that 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 transportation exceed the monthly statutory limit, then I will continue to use public transportation and will supplement those additional costs with my own funds.
- I certify I am responsible for returning ALL partially used and unused fare media to my agency's designated Commuter Benefit Coordinator three working days before my effective date of reassignment, transfer, resignation, retirement, etc.
- I certify my usual monthly public transportation commuting costs (excluding any parking costs) are \$ _____ (amount is taken from completed worksheet on back page).

11. SIGNATURE OF EMPLOYEE	12. DATE
---------------------------	----------

VERIFICATION - COMMUTER BENEFIT COORDINATOR

13. NAME OF COMMUTER BENEFIT COORDINATOR	14. AGENCY MAXIMUM BENEFIT (If applicable - the amount may be lower than the statutory requirement based on Union Negotiations, etc.)
15. SIGNATURE OF COMMUTER BENEFIT COORDINATOR	16. DATE

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 a public transportation 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 funds involved. This information will be provided to the Department of Transportation to administer this program and to ensure that you are not listed as a carpool participant or a holder of any other form of vehicle work site parking permit with USDA or any other Federal Agency.

AGENCY CODES

01 Office of the Secretary	18 Economic Research Svc	38 Office of Chief Economist
02 Agricultural Marketing Svc	20 National Agricultural Statistics Svc	42 Office of Budget and Program Analysis
03 Agricultural Research Svc	22 Cooperative State Research, Education, and Extension Svc	90 Office of the Chief Financial Officer
07 Rural Housing Svc	23 Office of Inspector General	DA Departmental Administration
08 Risk Management Agency	30 Food and Nutrition Svc	EO Office of Civil Rights
10 Foreign Agricultural Svc	32 Rural Business-Cooperative Svc	ES Office of the Executive Secretariat
11 Forest Svc	34 Animal and Plant Health Inspection Svc	FA Farm Service Agency
13 Office of Communications	36 Grain Inspection, Packers, & Stockyards Administration	IT Office of the Chief Information Officer
14 Office of General Counsel	37 Food Safety and Inspection Svc	NA National Appeals Division
15 Rural Utilities Svc		SC National Sheep Industry Improvement Center
16 Natural Resources Conservation Svc		

PUBLIC TRANSPORTATION BENEFIT EXPENSE WORK SHEET

NOTE: USDA Form AD-1147, Public Transportation Benefit Program Application, requires USDA participants to calculate their usual monthly mass transit commuting cost to the nearest dollar for their daily commute to and from work. This work sheet must be completed to receive transit subsidy benefits.

INSTRUCTIONS: Calculate your total monthly mass transit expenses by the way you pay for your roundtrip daily commute to and from work. Using the work sheet below, select your mode of mass transportation and identify the roundtrip cost based on how you pay (i.e., daily, weekly, monthly) for your fare media and convert all costs to a total monthly amount. **REMINDER:** It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing his/her total monthly commuting costs.

REMEMBER: Parking fees are not allowed and cannot be included when computing monthly transit costs. If you are a person

MODE OF TRANSPORTATION	DEPARTURE LOCATION	NAME OF COMPANY	DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
Bus (circle applicable) Local - Commuter - County					
Rail (circle applicable) Light Rail - Subway Commuter Train					
Vanpool (authorized)					
Ferry					
Other (Specify)					
TOTAL COST					

CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST

40 HOUR WORKWEEK SCHEDULE CONVERSION

8 HOUR WORK DAY CONVERSION			9 HOUR WORK DAY CONVERSION			10 HOUR WORKDAY CONVERSION		
Daily Cost	No. Days Worked	Total Cost Per Month	Daily Cost	No. Days Worked	Total Cost Per Month	Daily Cost	No. Days Worked	Total Cost Per Month
	x 21			x 19			x 17	

LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION

Complete this section if your work schedule has you out of the official duty station location for less than 40 hours per week. (i.e., telework, part-time, regularly scheduled travel, etc.)

Daily Mass Transit Cost	Number of Days Worked Per Month x	Total Daily Cost Per Month
-------------------------	--------------------------------------	----------------------------

WEEKLY PASS CONVERSION (if applicable)

Weekly Mass Transit Cost	Number of Weeks Worked Per Month x 4	Total Weekly Cost Per Month
--------------------------	---	-----------------------------

NOTE: If the scheduled number of hours you work per month changes, see your Commuter Benefit Coordinator for options.

TOTAL MONTHLY COMMUTING COSTS

TOTAL DAILY COST PER MONTH (if applicable)	
TOTAL WEEKLY COST PER MONTH (if applicable)	
TOTAL MONTHLY COST PER MONTH (if applicable)	
GRAND TOTAL OF MONTHLY COMMUTING COSTS (rounded to the nearest dollar). Transfer to front page under Employee Certification.	

EMPLOYEE CERTIFICATION

NAME OF EMPLOYEE (Please print name)	SIGNATURE OF EMPLOYEE	DATE
--------------------------------------	-----------------------	------

SUPERVISOR CERTIFICATION OF WORK SCHEDULE

NAME OF SUPERVISOR (Please print name)	SIGNATURE OF SUPERVISOR	DATE
--	-------------------------	------