

# Public Transportation Subsidy Program Change in Information

When you have completely filled out this form, please FAX it to the Department of Transportation: 202-493-2436

## A. Original Applicant Information (Please print or type) All boxes must be completed in this section

|           |            |                |
|-----------|------------|----------------|
| Last name | First name | Middle initial |
|-----------|------------|----------------|

## B. Changed Applicant Information (Please print or type) Complete only the boxes where information has changed

|           |            |                |
|-----------|------------|----------------|
| Last name | First name | Middle initial |
|-----------|------------|----------------|

Home address (Street address preferred)

|      |       |          |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

|  |      |       |          |
|--|------|-------|----------|
| Office street address (P.O. Boxes are not allowed) | City | State | ZIP code |
|--|------|-------|----------|

Employees office telephone number

### Check the appropriate Business Unit symbol

APPZ  ATTY  AWSS  CALC  CIDV  LMSB  MITS  NHQM  SBSE  TPAX  TEGE  TIGTA  WAGE

|                |                        |
|----------------|------------------------|
| Manager's name | Manager's phone number |
|----------------|------------------------|

|  |      |       |          |
|--|------|-------|----------|
| Office street address (P.O. Boxes are not allowed) | City | State | ZIP code |
|--|------|-------|----------|

Manager's email address

### Mode(s) of Transportation to be used to and from workplace

Bus  Ferry  Subway  Train  Public or Commercial Vanpool  Private Vanpool

What is the name of the transit company/system and the type of pass or fare media you use to commute to and from work

Change in monthly commuting cost

From \$                      To \$

Is your pass or fare media time sensitive (Does it expire)

Yes  No

I elect to withdraw from the Public Transportation Subsidy Program

Effective date of all changes made on this application

|                    |      |
|--------------------|------|
| Employee signature | Date |
|--------------------|------|

PRIVACY ACT STATEMENT: This information is solicited under authority of 5 U.S.C. 301. Furnishing the information is voluntary, but failure to provide all or part of the information 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 funds involved. Information in this record may periodically be used to ensure that the amount of subsidy requested and received by you is proper. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, fictitious, or fraudulent certification may render you 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.