

# Public Transportation Subsidy Program Application

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

As a new PTSP participant, to receive your initial supply of fare media, you must also complete Form 11664-H, *Request for Supplemental Mailing of Fare Media*. Failure to entirely complete both forms could result in you forfeiting your initial transit subsidy. Fax both forms to the Department of Transportation.

**Private Van Pool Riders - Only complete Form 11664-B, PTSP Private Vanpool Application**

**Applicant Information** (Please print clearly or type. Do not use initials or nicknames.)

Last name	First name	Middle initial
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Home street address (Street address preferred over P.O. Box)

City	State	ZIP code	Country (USA)
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Office street address (Street address preferred over P.O. Box)

City	State	ZIP code	Country (USA)
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## Check the appropriate Business Unit symbol

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

Office telephone number (Include Area Code)	SEID number (You can ask your manager for your SEID)	Work status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Part Time	<input type="checkbox"/> Seasonal Full Time
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## Mode(s) of Transportation to be used to and from workplace (Check all that are applicable)

Bus  Ferry  Subway  Train  Public or Commercial Vanpool

Name of the transit company/system you use to commute to work (i.e. BART, Metro, RTA, etc.)

Type and cost of each pass or fare media you use (i.e. MARC \$55.00, Metro \$35.00, etc.)	Is your fare media time sensitive (expires in 30 days or less) <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Employee Certification

- I certify that I am employed by the Internal Revenue Service, and am in current work status.
- 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 sell, give, or 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 any additional costs above the statutory limit will be supplemented with my own funds.
- I certify that I am not receiving both a transit benefit and a parking benefit.
- I certify that I will return all unused subsidy to IRS when I exit the program or leave IRS.
- **I certify that my usual total monthly commuting cost is \$**

Employee signature	Date signed
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## Approving Official (Manager of record. Do not use initials or nicknames.)

Name (Print clearly)	Manager's phone number	Manager's email address
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Office street address (Street address preferred over P.O. Box)

City	State	ZIP code	Country (USA)
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Signature	Date signed
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## 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.