

**EM CONSOLIDATED BUSINESS CENTER (EMCBC)
TRANSIT SUBSIDY BENEFIT (TSB) PROGRAM APPLICATION/PROFILE**

A. Applicant Information (Please Print or Type)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Organization: _____ Location: _____

Office Telephone Number: _____ SSN (last 4): _____

B. Modes of Transportation to be used to and from workplace: Bus _____ Vanpool _____

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 Dept. of Energy (EMCBC) and am not named on a federally subsidized workplace parking permit with the Dept. of Energy (EMCBC) or any other Federal agency.

I certify that I am eligible for a 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 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 transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.

I certify that I have read, understand and comply with EMCBC's TSB Procedure and all of its requirements.

I certify that my usual monthly commuting costs are: \$ _____

Employee Signature: _____ Date: _____

D. Approval: Approving Official

Name: _____ Title: _____

Signature: _____ 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 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 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 under the Dept. of Energy (EMCBC)-Reg or any other Federal agency.