

**U.S. Government Printing Office**  
TRANSIT BENEFIT PROGRAM APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Action Requested:  Enroll  Change Enrollment  Withdraw GPO Employee No. \_\_\_\_\_

Days Worked Biweekly:  Regular (10 days)  5/4/9 (9 days)  Compressed (8 days)

Shift:  1st  2d  3d GPO Mail Stop \_\_\_\_\_ Cost Code \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ Last 4 Digits of Your Social Security No. \_\_\_\_\_

Please identify the name of the transit company/system that you use: \_\_\_\_\_

Please identify the type of pass or fare media that you use: \_\_\_\_\_

Mode(s) of Transportation You Will Be Using To and From the Workplace:

Bus  Rail  Subway Train  Authorized Vanpool

Other (explain) \_\_\_\_\_

**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 Government Printing Office and am not named on a Federally subsidized workplace parking permit with my agency or any other Federal agency.

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 \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approving Official Only**

Name: \_\_\_\_\_ Transit Benefit Program Coordinator

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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 form of vehicle workplace parking permit with other Federal agencies.