

**U.S. DEPARTMENT OF DEFENSE (NATIONAL CAPITAL REGION)
MASS TRANSPORTATION BENEFIT PROGRAM APPLICATION**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 5 U.S.C. 7905, Programs to Encourage Commuting by Means other than Single Occupancy Motor Vehicles; 10 U.S.C. 131, Office of the Secretary of Defense; E.O. 12191, Federal Facility Ride Sharing Program, E.O. 13150, Federal Workplace Transportation; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To manage the DoD NCR Mass Transportation Benefit Program including, but not limited to, evaluation and reimbursement of participants, to track the allocated funds in support of the program and prevent misuse of those funds.

ROUTINE USE(S): To the Department of Transportation for the purposes of administering the program and/or verifying the eligibility of individuals to receive a fare subsidy. Data may be provided under any of the DoD "Blanket Routine Uses".

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in disapproval of the Mass Transportation Benefit Program Application.

GENERAL INSTRUCTIONS

1. Print or type information. Obsolete, incomplete, or illegible applications **will not** be processed.
2. **Before** applying, check the Qualifying information section below. Program policy, instructions, application form, and distribution site information is available at: <http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm>.
3. Check the website provided above to verify enrollment or call (703) 614-0084.
4. Once you verify enrollment, you may request benefits at a distribution site.
5. Counterintelligence Field Activity (CIFA), Defense Intelligence Agency (DIA), and National Security Agency (NSA) civilian employees must apply through their respective agencies.
6. There is approximately a month waiting period between the receipt of this application and the availability of the benefit.
7. **Upon completion**, fax application to: (703) 614-4211.
To check the status of your application, please check the following website: <http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm> or call: (703) 614-0084.

QUALIFYING INFORMATION

To qualify for this program, you must be:

- (1) A civilian, military or NAF employee paid and employed by the Department of Defense, and
- (2) Permanently stationed and working in the National Capital Region (NCR).
 - Paid interns and summer hires in the NCR are eligible.
 - Members of the Reserve Components who are performing active duty for more than 30 days are eligible.

The following are not eligible to receive the subsidy:

- Contractors
- Personnel that are TDY to the NCR from another area.
- Personnel that are on detail to the NCR from an area outside the NCR.
- Inactive reserve personnel
- Intergovernmental Personnel Act (IPA) employees (unless appointed to DoD).
- Foreign Exchange Employees.

1. IMPORTANT: To process this application, you must select one of the following. Are you (*X only one*):

<input type="checkbox"/>	NEW ENROLLMENT	<input type="checkbox"/>	RE-ENROLLING (<i>X here if you have been previously enrolled in the DoD NCR Program.</i>)	<input type="checkbox"/>	WITHDRAWING	<input type="checkbox"/>	MAKING A CHANGE
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2. EMPLOYEE CERTIFICATION

WARNING: This Certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to a 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. Substantiated violations of any of these certifications may impact an employee's security clearance status. Information provided on this form may be audited.

MANDATORY: Read and initial each box. Sign and date Item 8 on Page 3 after completing form.

<input type="checkbox"/>	I certify that I understand that I am employed by the U.S. Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
<input type="checkbox"/>	I certify that I understand that my claim for benefits is as a Federal employee and not as a contract employee.
<input type="checkbox"/>	I certify that I understand that I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
<input type="checkbox"/>	I certify that I understand that the monthly transportation benefit I am receiving does not exceed my monthly commuting costs.
<input type="checkbox"/>	I certify that I understand that I must adjust the amount received based upon long term TDY.
<input type="checkbox"/>	I certify that I understand that upon separation from DoD, I will return unused fare media to the MT representative. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
<input type="checkbox"/>	I certify that I understand that I will notify the MTB office of any changes in my status, i.e., home or work address, change in commuting pattern, or change in organization even if within the DoD.
<input type="checkbox"/>	I certify that I understand that I will not calculate parking costs.

I certify that the above information is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

EMPLOYEE SIGNATURE	DATE SIGNED (YYYYMMDD)
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ORGANIZATION CODES. Use these codes to complete Item 3.m., "Organization".

U.S. AIR FORCE HAF Headquarters Air Force FOA/DRU Field Operating Agency/ Direct Reporting Unit AF/NAF CDC, MWR, BOQ, EXCHANGE Other/AF All other Air Force not listed above		U.S. ARMY HQDA Headquarters, Department of the Army ATEC Army Test and Evaluation Command AMC U.S. Army Materiel Command CID U.S. Army Criminal Investigation Command DLI Defense Language Institute HRC Human Resources Command INSCOM U.S. Army Intelligence and Security Command IMCOM Installation Management Command JCS/ARMY Joint Chiefs of Staff - Army Employee MC/SG U.S. Army Medical Command/ The Surgeon General MDW U.S. Army Military District of Washington		NETCOM U.S. Army Network Command NGB Army National Guard OCAR Office, Chief, Army Reserve OSD/ARMY Office of the Secretary of Defense - Army Employee SDDC Surface Deployment and Distribution Command SMDC U.S. Army Space and Missile Defense Command USAASC U.S. Army Acquisition Support Center USACE U.S. Army Corps of Engineers WRAMC Walter Reed Army Medical Center A/NAF CDC, MWR, BOQ, EXCHANGE Other/ARMY All other Army not listed above	
U.S. MARINE CORPS 27 HQMC Headquarters, Marine Corps MC/NAF CDC, MWR, BOQ, EXCHANGE Other/MC All other Marine Corps not listed above					

U.S. NAVY 11 N09BF Director, Field Support Activity - all OPNAV 12 AAUSN Assistant for Administration, USECNAV 14 CNR Chief of Naval Research 15 INTCOM Director, Office of Naval Intelligence 18 BUMED Chief, Bureau of Medicine and Surgery 19 NAVAIR Commander, Naval Air Systems Command 22 BUPERS Chief of Naval Personnel 23 NAVSUP Commander, Naval Supply Systems Command 24 NAVSEA Commander, Naval Sea Systems Command 25 NAVFAC Commander, Naval Facilities Engineering Command 30 SSP Director, Strategic Systems Programs		33 MSC Military Sealift Command 39 SPAWAR Commander, Space and Naval Warfare Systems Command 41 NSMA Director, Naval Systems Management Activity 52 CNI Commander Naval Installations 60 LANTFLT Commander in Chief, U.S. Atlantic Fleet 69 SECGRU Commander, Naval Security Group Command 70 PACFLT Commander in Chief, U.S. Pacific Fleet 72 RESFOR Commander, Naval Reserve Force 76 NETC Naval Education and Training Command N/NAF CDC, MWR, BOQ, Navy Exchange Lodge Other/NAVY All other Navy not listed above	
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U.S. DEPARTMENT OF DEFENSE - COMPONENT			
AAFES Army/Air Force Exchange Service AFIS American Forces Information Service DARPA Defense Advanced Research Projects Agency DAU Defense Acquisition University (employees only) DBTA Defense Business Transformation Agency DECA Defense Commissary Agency DCAA Defense Contract Audit Agency DCMA Defense Contract Management Agency DFAS Defense Finance and Accounting Service DHRA Defense Human Resources Activity DISA Defense Information Systems Agency DLA Defense Logistics Agency	DLSA Defense Legal Services Agency DoDCC DoD Concessions Committee DODEA Defense Education Activity DOD IG Defense Office Inspector General DPMO Defense POW/MP Office DSCA Defense Security Cooperation Agency DSS Defense Security Service DTIC Defense Technical Information Center DTRA Defense Threat Reduction Agency DTSA Defense Technology Security Administration JCS Joint Chiefs of Staff MDA Missile Defense Agency NGA National Geospatial Intelligence Agency	NDU National Defense University (employees only) OEA Office of Economic Adjustment OSD Office of the Secretary of Defense OSD/JS OSD/JS Welfare and Recreation Association WRA PFFPA Pentagon Force Protection Agency STARS Stars & Stripes TMA TRICARE Management Activity USUHS/ Uniformed Services University of AFRRI the Health Sciences/Armed Forces Radiobiology Research Institute (employees only) WHS Washington Headquarters Services	

3. APPLICANT INFORMATION

a. LAST NAME		b. FIRST NAME		c. MIDDLE INITIAL	
d. RESIDENCE (City)			e. STATE		f. 9-DIGIT ZIP CODE*
*To find your 9-digit zip code, check http://zip4.usps.com/zip4/welcome.jsp					
g. LAST 4 DIGITS OF YOUR SSN		h. WORK E-MAIL ADDRESS			i. WORK TELEPHONE NUMBER (Include Area Code)
j. DUTY STATION (the building where you report to work) (Street address)			k. CITY		l. 9-DIGIT ZIP CODE*
m. ORGANIZATION CODE (Listed above) (Indicate the organization that employs you (i.e., pays your salary). Military personnel should indicate their branch of service, not the Defense Component to which they are assigned.)					
		OTHER (If not listed, specify): _____			
n. TYPE OF EMPLOYEE: MILITARY PERSONNEL		o. OTHER TYPE OF EMPLOYEE: (X one only)		p. FOR NAF FUNDING: BRANCH OF SERVICE: (X one only)	
(1) STATUS: (X one only)		(2) BRANCH: (X one only)			
<input type="checkbox"/> MILITARY - ENLISTED	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> NON-APPROPRIATED FUNDS (NAF)	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MILITARY - OFFICER	<input type="checkbox"/> ARMY	<input type="checkbox"/> PAID TEMPORARY HIRE (Term of employment: Start date/ End date)	<input type="checkbox"/> ARMY	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY
<input type="checkbox"/> RESERVIST - ENLISTED	<input type="checkbox"/> NAVY		<input type="checkbox"/> NAVY	<input type="checkbox"/> NAVY	<input type="checkbox"/> MARINE CORPS
<input type="checkbox"/> RESERVIST - OFFICER	<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> MARINE CORPS	
q. ARE YOU ISSUED A FEDERALLY SUBSIDIZED PARKING PASS?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHERE DO YOU PARK? _____			

4. MASS TRANSPORTATION EXPENSE WORKSHEET

NOTE: DD Form 2845 application requires DoD subsidy participants to calculate their usual monthly mass transportation commuting cost. This worksheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transportation commuting cost to the nearest dollar.

INSTRUCTIONS: Calculate your Total Monthly Mass Transportation Expenses by listing your mode of mass transportation and how much it costs you.

- Use the **Daily** column if you pay for transportation on a daily basis,
- **OR** the **Weekly** column if you purchase weekly commuter tickets;
- **OR** the **Monthly** column if you purchase a monthly ticket or pass.

It is possible that you may list costs in more than one column depending on the number of transportation modes you take and how you pay for them. Then, using the conversion section, convert all costs to monthly costs, to the nearest dollar amount.

- Applicants must calculate their monthly expenses based on the number of days commuted per month, taking into account telecommuting, alternate or compressed work schedules, e.g., 17, 19, or 21 days per month.

REMEMBER: Parking fees **are not allowed** and cannot be included when computing monthly transit costs. If you are a person with a disability or a senior citizen receiving reduced fare rates, you must calculate the reduced fare rates that you pay.

a. MODE OF TRANSPORTATION		b. DAILY EXPENSE	c. WEEKLY PASS EXPENSE	d. MONTHLY PASS EXPENSE
(1) BUS TO WORK <i>(Local)</i>	NAME OF COMPANY			
(2) BUS FROM WORK <i>(Local)</i>	NAME OF COMPANY			
(3) OTHER BUS MODE TO WORK <i>(Commuter or County)</i>	NAME OF COMPANY			
(4) OTHER BUS MODE FROM WORK <i>(Commuter or County)</i>	NAME OF COMPANY			
(5) RAIL TO WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION			
(6) RAIL FROM WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION			
(7) COMMUTER RAIL TO WORK <i>(Train)</i>	NAME OF COMPANY/STATION			
(8) COMMUTER RAIL FROM WORK <i>(Train)</i>	NAME OF COMPANY/STATION			
OTHER <i>(Specify)</i>	(9) TO WORK	NAME OF COMPANY		
	(10) FROM WORK	NAME OF COMPANY		
(11) VAN POOL COST PER MONTH	NAME OF COMPANY			
(12) TOTAL		\$	\$	\$

5. CONVERSIONS

a. DAILY COST TO MONTHLY			b. WEEKLY PASS TO MONTHLY		
(1) DAILY MASS TRANSIT COST \$	(2) NUMBER OF DAYS COMMUTED PER MONTH X	(3) TOTAL DAILY COST PER MONTH \$	(1) WEEKLY PASS COST \$	(2) NUMBER OF WEEKS COMMUTED PER MONTH X	(3) TOTAL WEEKLY COST PER MONTH \$
c. TOTAL DAILY COST PER MONTH <i>(If any)</i> \$		d. TOTAL WEEKLY PASS COST PER MONTH <i>(If any)</i> \$		e. TOTAL MONTHLY PASS COST PER MONTH <i>(If any)</i> \$	

6. GRAND TOTAL COST PER MONTH \$	7. MY GRAND TOTAL MONTHLY MASS TRANSPORTATION COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR <i>(Round either up or down to nearest dollar)</i> \$
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8. EMPLOYEE. I certify that the above information is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

a. EMPLOYEE SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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9. THIS SECTION IS TO BE COMPLETED BY SUPERVISOR.
I confirm that the applicant is employed by the DoD, works at the duty station indicated, and has calculated the benefit based on the actual hours worked (considering alternate work schedules, teleworking, etc.).

a. PRINTED OR TYPED NAME	b. TITLE	c. TELEPHONE NUMBER <i>(Incl. Area Code)</i>
d. SIGNATURE	e. E-MAIL ADDRESS	f. DATE SIGNED (YYYYMMDD)

10. THIS SECTION IS TO BE COMPLETED BY AGENCY MASS TRANSPORTATION REVIEWING OFFICIAL.
I have reviewed this application and certify that employee is eligible to receive the mass transportation benefits.

a. PRINTED OR TYPED NAME	b. TITLE	c. TELEPHONE NUMBER <i>(Incl. Area Code)</i>
d. SIGNATURE	e. E-MAIL ADDRESS	f. DATE SIGNED (YYYYMMDD)