U. S. Departmental of Defense
United States Air Force
Transportation Incentive Program Supplemental Application
Outside The National Capital Region

A. **Applicant Information:** Please print clearly or type. Application must be filled out completely. Incomplete or illegible applications will not be processed.

Supplemental Application (please circle one): New Change Withdraw

Vanpool Member(s) Name:

LAST NAME	FIRST NAME	MI	SSN (Last Four)	TELEPHONE #

Vehicle must have the seating capacity for at least six adults (not including the driver). At least 80% of the mileage use must be for the purposes of transporting employees in connection with employment and trips during which the number of employees transported for such purposes is at least 1/2 of the adult seating capacity (not including the driver). The riders in each vanpool will submit an application stating their actual cost for the vanpool. DoT will know where to purchase the appropriate vouchers and passes to be used by vanpool riders. After riders obtain their vouchers/passes from their installation POC, the riders will give them to the vanpool owner/driver, enabling them to participate in the vanpool. The owner/driver of the vanpool will endorse the vouchers/passes, and submit those to the transportation company where he or she is registered. The local transportation company will process the transaction and provide payment to the vanpool operator. If vouchers/passes are not available, a reimbursement system is being explored

B. 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 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: $_____
I certify that this information is accurate and agree to notify the installations POC of any change to employee status.
[Note: The current benefit amount available to Air Force employees is $100 a month ($1,200 a year)]. Please indicate your estimated transportation cost above. Benefits will be paid in the form of transportation vouchers wherever possible. If monthly fare media exceeds $100 per month, Air Force/TRANServe may opt to purchase monthly passes or fare media at the full monthly cost, not to exceed $1,200 annually.

Employee 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 the mass transportation fringe 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 with DoD or any other Federal agency. Partial social security number (SSN - last four numbers) will be used for record keeping purposes.

As of 01 Jan 02