

(Revised: March 2, 2009)

RECERTIFICATION

(This form is only to be used during Recertification)

APPLICANT INFORMATION – PLEASE PRINT/TYPE

4 DIGITS PIN #: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

PLEASE CIRCLE LINE/STAFF OFFICE:

NESDIS NWS NOS NMFS OAR CORP OFFICE USEC GC OMAO
PPI OED CIO AGO WFMO

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 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 above mentioned Federal Agency and am not named on a federally subsidized workplace parking permit with this or any other Federal agency, or that I will relinquish my permit before or upon receiving the fare benefit. I certify that I am eligible for public transportation benefits. I 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 (or estimated) monthly commuting costs (excluding parking) are:
\$_____.

EMPLOYEE SIGNATURE: _____

ACCOUNTING: _____

APPROVING OFFICIAL SIGNATURE (SUPERVISOR):

(PRINT)

(SIGN)

POINT OF CONTACT:

(Print)

(Sign)