NOAA 42-28 (*Rev. 09/2013*) (Exception to CD 544) **Changes:**

New Utilizing SF1164 Increase Decrease

Wash. Metro Area Remove

New Line Office New Org/Task Change of Name Change of Address

Zip code

Field POC's or POC's With Debit Card Holders:

Common Identifier _____Telephone #____

APPLICATION FOR TRANSIT BENEFITS DOC-NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

| NAME: | PLEASE TYPE: | : | | (FORM MUST | BE COMPLETED) | | | |
|--|--|--|---|--|--|---|---|--------------------------------|
| (Last) (First) (M.I.) (4- Digit PIN 8) Chosen by Employee (Office) (City) (State) (Zip) Nork Address: DOC (Agency) (Bureau) (Office) (Room) (City) (State) (Phone Number) MASS TRANSIT BENEFIT MODE OF ACTUAL COMMUTING: (Please check all that apply) Commuter Bus Commuter Train Metro Bus Metro Ral Metro-Approved Van Pool* Ride-On PTRC Ferry Amtrak Other Williams Address: Document of the Commuting Office) (Room) MASS TRANSIT BENEFIT MODE OF ACTUAL COMMUTING: (Please check all that apply) Commuter Bus Commuter Train Metro Bus Metro Ral Metro-Approved Van Pool* Ride-On PTRC Ferry Amtrak Other Williams Address (Room) Office) (Room) OFFICE Ferry Amtrak Other Williams Address (Room) OFFICE Ferry Amtrak Other Work (Room) OFFICE Ferry Amtrak (Room) OFFICE Ferry American (Room) OFFICE | | | | | | | | |
| Work Address:DOC(Agency) (Bureau) | NAME. | (Last) | (First) | (M.I.) | | (4- Digit PI | N#) Chosen by E | mployee |
| Work Address:DOC(Agency) (Bureau) | HOME Address: | | | | | | | |
| Addressy (City) (Bureau) (Office) (Room) Addressy (City) (State) (Phone Number) MASS TRANSIT BENEFIT MODE OF ACTUAL COMMUTING: (Please check all that apply) Commuter Bus Commuter Train Metro Bus Metro Ran Metro-Approved Van Pool* Ride-On PTRC Ferry Amtrak Other "must have seating for six passengers and a minimum of 80% of mileage must be used for transporting employees to and from work. ARE YOU A SMART CARD HOLDER: Yes No Hyes, what is smartcard number only DO YOU RECEIVE REDUCED FARE: PUBLIC TRANSPORTATION RATES (employee with disabilities or Senior Citizen) Oyes Note Step Public Transportation subsidy benefit, will be using it for my regular daily commute to and/or from work, and I will not transfer it to anyon work sit eparking permit with DOC/NOAAN/THA/NIST, any other federal agency, or any county parking benefit program. I also certify that I am eligible for a public transportation subsidy benefit, will be using it for my regular daily commute to and/or from work, and I will not transfer it to anyon commuting by public transportation). I certify that the monthly transit benefit an excess of the statutory limit my commuting by public transportation in public transite exceed the monthly statutory limit, then I will supplement those additional costs with my own funds after than use a Government provided transit benefit designated for use in a future month. I certify that my usual monthly commuting costs are: | | | (Street) | | (City) | | (State) | (Zip) |
| Address) (City) (State) (Phone Number) MASS TRANSIT BENEFIT MODE OF ACTUAL COMMUTING: (Please check all that apply) Commuted Bus Commuter Train Metro Bus Metro Rail Metro-Approved Van Pool* Ride-On PTRC Ferry Amitrak Other | Work Address: | | _ | | (0.00 | | | |
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| work site parking permit with DOC/NOAA/NTIA/NIST, any other federal agency, or any county parking benefit program. I also certify that I am legible for a public transportation subsidy benefit, will be using it for my regular daily commute to and/or from work, and I will not transfer it to anyor ise. In addition, I certify that the monthly transit benefit I am receiving does not exceed my average monthly commuting cost (based on a 20-day mor ommuting by public transportation). I certify in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit from commuting costs per month on public transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds after than use a Government provided transit benefit designated for use in a future month. I certify that my usual monthly commuting costs are: SHIS 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 \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND NCLUDING DISMISSAL. (Application Signature) **Trivacy Act Statement: This information is solicited under authority of \$U.S.C. Sections 301 and 7005. Furnishing the formation on this form is voluntary, but failure to do so may result in bisogropous of your request for a public around for the product of this information is information is an intermediate to the processing of benefits. This information will be matched with hiss at other Federal agencies to ensure that you are not listed as a car pool or van pool participant or a holder of any other form of vehicle work site parking. **COMPLETED BY EMPLOYEE'S SUPERVISOR:** Enter Appropriate Dollar Amount of the Fare Media Requested: \$\frac{\text{(Prin Name)}}{\text{(Prin Name)}}}\$ Org/Task **CRIFIC | OO YOU RECE | IVE REDUCE | CD FARE: PUBLIC | C TRANSPORTATI | ION RATES (employee w | ith disabilities | or Senior Citizei | $) \bigcirc Yes \bigcirc No$ |
| (Application Signature) (In the fund involved. This information is voluntary, but failure to do so may result in listaproval of your request, for a public transity 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 fund involved. This information will be matched with lists at other Federal agencies of ensure that you are not listed as a car pool or van pool participant or a holder of any other form of vehicle work site parking. COMPLETED BY EMPLOYEE'S SUPERVISOR: LINE/STAFF OFFICE: (circle one) Enter Appropriate Dollar Amount of the Fare Media Requested: \$ | S THIS CERTIFIC MAKING A FA PROSECUTION ADMINISTRAT | CATION CON LSE, FICTITI NUNDER TIT | CERNS A MATTI OUS, OR FRAUD LE 18, UNITED S | ER WITHIN THE J ULENT CERTIFIC FATES CODE, SEC | URISDICTION OF AN A ATION MAY RENDER T CTION 1001. CIVIL PEN | AGENCY OF T THE MAKER NALTY ACTIO | THE UNITED ST SUBJECT TO C ON PROVIDING | TATES AND CRIMINAL G FOR |
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| Enter Appropriate Dollar Amount of the Fare Media Requested: \$ | lisapproval of your re of the fund involved. T | quest for a public to This information wi | ransit fare benefit. The pu Il be provided to the Depa | rpose of this information is rtment of Transportation for | to facilitate timely processing of y r processing of benefits. This infor | our request, to ensu | re your eligibility, and | to prevent misuse |
| Enter Appropriate Dollar Amount of the Fare Media Requested: \$ | | | | PR: | | | | |
| (Supervisor's Signature) (Print Name) (Date) NOTE: Supervisor's approval is based on person's eligibility to receive benefits in the amount stated above. COMPLETED BY BUDGET/ADMINISTRATIVE OFFICER: AVAILABLE OF FUNDS APPROVAL: (Signature of Budget/Administrative Officer) VERIFIED BY POC: | LINE/STAFF O | FFICE: (circle | e one) | | | | | |
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| COMPLETED BY BUDGET/ADMINISTRATIVE OFFICER: AVAILABLE OF FUNDS APPROVAL: (Signature of Budget/Administrative Officer) Org/Task VERIFIED BY POC: (Date) | (Supervisor's Signati | ure) | | (Print Name) | | | | (Date) |
| Org/Task Org/Task (Date) | NOTE: Supervisor's | approval is based o | n person's eligibility to re | ceive benefits in the amoun | t stated above. | | | |
| VERIFIED BY POC: | COMPLETED BY | BUDGET/ADM | MINISTRATIVE OF | FICER: AVAILABLE | OF FUNDS APPROVAL: | (Signature o | of Budget/Admin | istrative Officer) |
| (Signature of POC) (Print Namo) (Data) | VERIFIED BY PO | OC: | Org/Task | k | | | (Date) | |
| DIGITALITY OF TOOL (DUIL) | Signature of PO | C) | | | (Print Name) | | (Date) | |

POC's are to forward completed form to Logistics Operations Division, Subsidy Program Manager, SSMC 4, Room 8651, Silver Spring, MD 20910.

MASS TRANSIT EXPENSE WORK SHEET

NOTE: NOAA Application for Public Transit Fare Benefit, requires NOAA/NTIA/NIST participants to calculate their usual monthly mass transit commuting cost to the nearest dollar for their daily commute to work. This work sheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transit commuting cost.

INSTRUCTIONS: Calculate your <u>Total Monthly Mass Transit Expenses</u> by the way you pay for commute. List your mode of mass transportation, and how much it cost you; <u>daily</u>, or if paid <u>weekly</u>; or if purchased in <u>monthly</u> passes. Then using the work sheet below, convert all costs to a total monthly amount. It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing their total monthly mass transportation expenses.

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

| reduced fare rates | · · | E OF TRANSF | | | | DAILY | WEEKL | Y PASS | MONTHLY PASS |
|--|--------------------|--|-----------------|------------------|--------------------|-------------------------------|--------------------|--------------------|--------------------------------|
| | | | 1 | | EXPENSE | EXPENSE | | EXPENSE | |
| BUS TO WORK (Local) | | | NAME OF COMPANY | | | \$ | | | |
| BUS FROM WORK (Local) | | | NAME OF COMPANY | | | \$ | \$ | | \$ |
| OTHER BUS MODE | | | NAME | OF COMPANY | | \$ | | | |
| OTHER BUS MODE | | | NAME | E OF COMPANY | \$ | \$ | | \$ | |
| RAIL TO WORK (Light Rail or Subway) | | | | M WHAT STATION | | \$ | | | |
| RAIL FROM WORK (Light Rail or Subway) | | | | M WHAT STATION | | \$ | \$ | | \$ |
| COMMUTER RAIL 1 | TO WORK | | NAME OF COMPANY | | | \$ | | | |
| COMMUTER RAIL FROM WORK (Train) | | | NAME OF COMPANY | | | \$ | \$ | | \$ |
| OTHER | LIST MODE T | DE TO WORK | | NAME OF COMPANY | | \$ | \$ | | |
| (Specify) | LIST MODE F | FROM WORK NAM | | NAME OF COMPANY | | \$ | | | \$ |
| VAN POOL COST P | PER MONTH | | NAME OF COMPANY | | | | | | |
| | | | CON | VERTING DAILY | TOTAL < | OST TO MONTHLY CO | ST | | |
| | | | | | | JLE CONVERSION | | | |
| EIGHT HOUR WOR | RK DAY CONVE | RSION | | | OUR WORK DAY O | | TEN | I HOUR WORKE | DAY CONVERSION |
| DAILY COST | NO. DAYS WORKED | TOTAL DAILY COST [PER MONTH] | | DAILY COST | NO. DAYS WORKED | TOTAL DAILY COST PER MONTH | DAILY COST | NO. DAYS WORKED | TOTAL DAILY COST PER MONTH |
| \$ | Х | \$ | | \$ | Х | \$ | \$ | Х | \$ |
| L | LESS THAN 40-I | HOUR WORKWEEK S | SCHEDU | JLE CONVERSION | | | WEEKLY PA | SS CONVERSIO | N |
| Complete if you work | k less than 40-h | ours per week (Teleco | mmuter, | part-time, etc.) | | WEEKLY PASS COSTS | NUMBER OF N | WEEKS PER | TOTAL WEEKLY COST PER MONTH |
| DAILY MASS TRANSIT COST NUMBER OF DAY WORKED PER MO | | | | | | | | | |
| \$ X \$ | | | | | \$ | | X 4 | | |
| | | r of hours you work nefit Program Direc | | | your Point of Cor | ntact for possible self-ce | ertification optio | ns as | |
| NAME OF EMPLOYEE (Please print your name clearly) TOTAL DAILY COST PER MONTH (if any) < TOTAL WEEKLY COST PER MONTH (if any) < SIGNATURE OF EMPLOYEE TOTAL MONTHLY COST PER MONTH (if any) < | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | GRAND TOTAL | COST PER MON | ITH (if any) < | |
| | | | | | THE NEAREST DO | 21.145 | | | |