FORM CD-544
REV. 03/13

DOC APPLICATION FOR TRANSIT BENEFIT

(Please Print)

New Application ☐ Modification ☐ Recertification ☐

Name: _____
(Last) (First) (M.I.) (Last 4 Digits of Social Security No.) (Grade/Rank)

Home Address: _____
(Number/Street/Apt. No.) (City) (State) (Zip)

Work Address: D.O.C.
(Agency) (Bureau) (Office)

_____
(Building) (Room Number) (Mail Stop) (Phone Number)

CURRENT MODE OF TRANSPORTATION USED FOR COMMUTING: (Please check all that apply)

____Car (single or double occupancy, not including drive to Commuter Parking Lot) ____Other _____ (Specify)

____Car/Van Pool ____Commuter Bus ____Commuter Train ____ Metro Bus ____ Metro Rail

MASS TRANSIT BENEFIT MODE OF COMMUTING: (Please check all that apply)

____Commuter Bus ____Commuter Train ____Metro Bus ____Metro Rail ____Metro-Approved Vanpool

DO YOU RECEIVE REDUCED FARE PUBLIC TRANSPORTATION RATES (Employee with disabilities or Senior Citizen) ☐ YES ☐ NO

EMPLOYEE Certification: I hereby certify that I am employed by the Department of Commerce (DOC) and am not named on a worksite parking permit with DOC or any other federal agency. 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 will not transfer it to anyone else. In addition, I certify that the monthly transit benefit I am receiving does not exceed my average monthly commuting cost (based on my workweek schedule).

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 $5000 per violation, and/or agency disciplinary actions up to and including dismissal.

X _____
(Applicant Signature) (Date)

PRIVACY ACT STATEMENT: This information is solicited under authority of 5 U.S. C. Sections 301 and 7905. 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 other form of vehicle work site parking permit with Department of Commerce or any other Federal agency.

COMPLETED BY EMPLOYEE'S SUPERVISOR:

Accounting Classification Code: (Print Clearly)

Enter Appropriate Dollar Amount of the Fare Media Requested: **$**_____ (Monthly Cost) (Not to exceed $ 245.00 per month)

X _____
(Supervisor's Signature) (Print Name) (Date) (NOTE: Approval is based on person's eligibility to receive benefits in the amount stated above.)

COMPLETED BY BUREAU'S BUDGET OFFICE:

Servicing Accounting Office: _____

_____ ALC: _____

APPROVED FOR AVAILABILITY OF FUNDS:

X _____
(Signature of Budget Approving Official) (Print Name) (Date)

COMPLETED BY TRANSIT POINT OF CONTACT:

X _____
(Signature of Transit Point of Contact) (Print Name) (Date)

MASS TRANSIT EXPENSE WORK SHEET

NOTE: DOC Application for Public Transit Fare Benefit, requires DOC 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 *Total Monthly Mass Transit Expenses* by the way you pay for commute. List your mode of mass transportation, and how much it cost you; *daily*, or if paid *weekly*; or if purchased in *monthly* 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.

MODE OF TRANSPORTATION			DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
BUS TO WORK *(Local)* ☐		NAME OF COMPANY	$		
BUS FROM WORK *(Local)* ☐		NAME OF COMPANY	$	$	$
OTHER BUS MODE TO WORK *(Commuter or County)* ☐		NAME OF COMPANY	$		
OTHER BUS MODE FROM WORK *(Commuter or County)* ☐		NAME OF COMPANY	$	$	$
RAIL TO WORK *(Light Rail or Subway)* ☐		FROM WHAT STATION	$		
RAIL FROM WORK *(Light Rail or Subway)* ☐		FROM WHAT STATION	$	$	$
COMMUTER RAIL TO WORK *(Train)* ☐		NAME OF COMPANY	$		
COMMUTER RAIL FROM WORK *(Train)* ☐		NAME OF COMPANY	$	$	$
OTHER *(Specify)*	LIST MODE TO WORK	NAME OF COMPANY	$		
	LIST MODE FROM WORK	NAME OF COMPANY	$	$	$
VAN POOL COST PER MONTH		NAME OF COMPANY			
		TOTAL <			

CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST

40-HOUR WORKWEEK SCHEDULE CONVERSION

EIGHT HOUR WORK DAY CONVERSION			NINE HOUR WORK DAY CONVERSION			TEN HOUR WORKDAY CONVERSION		
DAILY COST $	NO. DAYS WORKED x 20	TOTAL DAILY COST PER MONTH $	DAILY COST $	NO. DAYS WORKED x 18	TOTAL DAILY COST PER MONTH $	DAILY COST $	NO. DAYS WORKED x 16	TOTAL DAILY COST PER MONTH $

LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION			WEEKLY PASS CONVERSION		
Complete if you work less than 40-hours per week (Telecommuter, part-time, etc.)			WEEKLY PASS COSTS	NUMBER OF WEEKS PER MONTH	TOTAL WEEKLY COST PER MONTH
DAILY MASS TRANSIT COST $	NUMBER OF DAYS WORKED PER MONTH x	TOTAL DAILY COST PER MONTH $	$	X 4	

NOTE: If the scheduled number of hours you work per month changes, see your Transit point of contact.

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 MONTH (if any) <	
MY GRAND TOTAL MONTHLY MASS TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR (Round either up or down to nearest dollar)	<	$