

**INTERNATIONAL STUDENTS
NAVAL POSTGRADUATE SCHOOL BUS PROGRAM APPLICATION**

Select Application Type: Enrolling Making a Change Withdraw Effective Date: _____

1. Applicant Information: Country of Origin: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City/State: _____ Zip Code: _____

Email: _____ Home or Cell Phone No.: _____

2. Employee Certification of Actual Costs: Monthly Commuting Cost: _____

* In order to ensure you receive the appropriated monthly pass, you must commute to and from work/school more than three times per week.

I certify that I will commute more than three roundtrips to and from work/school per week.
I certify that I am an International Student with the Naval Postgraduate School, and I am not a contractor.
I certify that this information is accurate and agree to notify the Installation POC of any change to the info provided.
I certify that the monthly transit benefit amount reported on this form does not exceed my monthly commuting costs.
I certify that I will use this benefit for my daily commute to and from work and will not transfer it to another individual.
I agree to notify the Installation POC should the fare amount and/or my ridership level increase/decrease.
I certify that upon transfer, separation, termination of employment or retirement/resignation, I will return any unused vouchers or outstanding debt to the Installation POC.
I certify that the transit benefit I am receiving meets the criteria outlined in IRC 26 Section 132(f) as well as any further restrictions mandated by the DON.

Employee Signature: _____ Date: _____

3. Reviewing Official Acknowledgement of the International Program Office:

I certify that the applicant is authorized to participant in the Bus Program.

Reviewing Official Signature: _____ Date: _____

IPO Instructions to POC:

4. Certifying Program POC for distribution:

Certifying Official Signature: _____ Date: _____

POC Notes:

