Effective February 1, 2011

DEPARTMENT OF THE NAVY
TRANSPORTATION INCENTIVE PROGRAM - OUTSIDE THE NATIONAL CAPITAL REGION
PROGRAM APPLICATION

Select Application Type: ☐ Enrolling ☐ Making a Change ☐ Withdrawing Effective Date: _____

Check box and circle information below that needs to be updated.

1. Applicant Information (ALL APPLICATIONS MUST BE TYPED):

Last Name: _____ First Name: _____ MI: ____ Last 4 digits of YOUR SSN: _____

Address: _____ City, State: _____ Zip Code: _____

USN/USMC Installation/Activity: Naval Postgraduate School Duty Location (City,St): Monterey, CA

Email: _____ Office Phone (incl. area code): _____

2. Funding Information

Unit Identification Code (UIC)/Reporting Unit Code (RUC): _____ Major Command: _____

Select Service: ☐ US Navy ☐ US Marine Corps **Select Status:** ☐ MILITARY ☐ CIVILIAN - AF/WCF ☐ CIVILIAN - NAF Select ONLY ONE box from the three shaded columns to the right.	**Military Personnel** Select Funding Source: ☐ Active Duty Officer (ADO) ☐ Active Duty Enlisted (ADE) ☐ Reserve Officer ☐ Reserve Enlisted ☐ FTS Officer ☐ FTS Enlisted	**Appropriated Fund (AF)/ WCF Civilians** Select Funding Source: ☐ Operations and Maintenance (OMN/OMMC) ☐ Working Capital Fund (WCF) ☐ Defense Health Program (DHP) ☐ Research and Development (RDT&E) ☐ O&M, Navy Reserves (OMN, NR)	**Non-Appropriated Fund (NAF) Civilians** Select Funding Source: ☐ Exchange/Navy Lodge ☐ MWR ☐ Lodging (Barracks/BOQ/BEQ/Billeting)

3. Mode(s) of Mass Transportation

Identify the Mass Transportation System(s) you intend to use: MST

Identify the type of pass/ticket you intend to use: Commuter Bus

Mass Transportation includes: Commuter Bus, Commuter Train, Subway/Light Rail, Van Pool, Ferry. Parking expenses are excluded from this benefit. · Van Pools must satisfy Internal Revenue Code 26 Section 132(f) requirements as well as DON-mandated restrictions, including the following: Van Pool owners who are drivers or passengers are not eligible to receive this benefit, nor are any DON employee van pool drivers receiving compensation for their services. Ferries: Walkers, bicyclists, and van pool members are authorized to claim the foot passenger rate only. Participants solely utilizing carpools, motorcycles, airplanes, bicycles, or walking, as their method of transportation, do not qualify for this benefit. · Benefits will be paid in the form of transit fare media wherever possible. Parking passes may be revoked depending upon local command policy.

4. Employee Certification of Actual Costs

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 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 DON (U.S. Navy or U.S. Marine Corps), 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.

Monthly Commuting Cost*: _____

Include total monthly commuting cost even if amount is greater than the maximum benefit.
*Amount from Verification Worksheet.

Employee Signature: _____ Date: _____

5. Reviewing Official Acknowledgement of Actual Costs

I certify that to the best of my knowledge, the information provided in Section 4 and the DON TIP Transit Benefit Verification Worksheet is accurate.

Reviewing Official Signature: _____ Phone: 831-656-1831 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 help prevent misuse of the funds involved.

SUBMIT COMPLETED APPLICATIONS TO YOUR LOCAL POINT OF CONTACT