

**U.S. DEPARTMENT OF DEFENSE (NATIONAL CAPITAL REGION)  
MASS TRANSPORTATION BENEFIT PROGRAM APPLICATION**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; 5 U.S.C. 7905, Programs to Encourage Commuting by Means other than Single Occupancy Motor Vehicles; 10 U.S.C. 131, Office of the Secretary of Defense; E.O. 12191, Federal Facility Ride Sharing Program, E.O. 13150, Federal Workplace Transportation; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** To manage the DoD NCR Mass Transportation Benefit Program including, but not limited to, evaluation and reimbursement of participants, to track the allocated funds in support of the program and prevent misuse of those funds.

**ROUTINE USE(S):** To the Department of Transportation for the purposes of administering the program and/or verifying the eligibility of individuals to receive a fare subsidy. Data may be provided under any of the DoD "Blanket Routine Uses".

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in disapproval of the Mass Transportation Benefit Program Application.

**GENERAL INSTRUCTIONS**

1. Print or type information. Obsolete, incomplete, or illegible applications **will not** be processed.
2. **Before** applying, check the Qualifying information section below. Program policy, instructions, application form, and distribution site information is available at: <http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm>.
3. Check the website provided above to verify enrollment or call (703) 614-0084.
4. Once you verify enrollment, you may request benefits at a distribution site.
5. Counterintelligence Field Activity (CIFA), Defense Intelligence Agency (DIA), and National Security Agency (NSA) civilian employees must apply through their respective agencies.
6. There is approximately a month waiting period between the receipt of this application and the availability of the benefit.
7. **Upon completion**, fax application to: (703) 614-4211.  
To check the status of your application, please check the following website: <http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm> or call: (703) 614-0084.

**QUALIFYING INFORMATION**

**To qualify for this program, you must be:**

- (1) A civilian, military or NAF employee paid and employed by the Department of Defense, and
- (2) Permanently stationed and working in the National Capital Region (NCR).
  - Paid interns and summer hires in the NCR are eligible.
  - Members of the Reserve Components who are performing active duty for more than 30 days are eligible.

**The following are not eligible to receive the subsidy:**

- Contractors
- Personnel that are TDY to the NCR from another area.
- Personnel that are on detail to the NCR from an area outside the NCR.
- Inactive reserve personnel
- Intergovernmental Personnel Act (IPA) employees (unless appointed to DoD).
- Foreign Exchange Employees.

**1. IMPORTANT:** To process this application, you must select one of the following. Are you (*X only one*):

<input type="checkbox"/> <b>NEW ENROLLMENT</b>	<input type="checkbox"/> <b>RE-ENROLLING</b> ( <i>X here if you have been previously enrolled in the DoD NCR Program.</i> )	<input type="checkbox"/> <b>WITHDRAWING</b>	<input type="checkbox"/> <b>MAKING A CHANGE</b>
--	---	---	---

**2. EMPLOYEE CERTIFICATION**

**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 a 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. Substantiated violations of any of these certifications may impact an employee's security clearance status. Information provided on this form may be audited.

**MANDATORY: Read and initial each box. Sign and date Item 8 on Page 3 after completing form.**

<input type="checkbox"/>	I certify that I understand that I am employed by the U.S. Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
<input type="checkbox"/>	I certify that I understand that my claim for benefits is as a Federal employee and not as a contract employee.
<input type="checkbox"/>	I certify that I understand that I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
<input type="checkbox"/>	I certify that I understand that the monthly transportation benefit I am receiving does not exceed my monthly commuting costs.
<input type="checkbox"/>	I certify that I understand that I must adjust the amount received based upon long term TDY.
<input type="checkbox"/>	I certify that I understand that upon separation from DoD, I will return unused fare media to the MT representative. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
<input type="checkbox"/>	I certify that I understand that I will notify the MTB office of any changes in my status, i.e., home or work address, change in commuting pattern, or change in organization even if within the DoD.
<input type="checkbox"/>	I certify that I understand that I will not calculate parking costs.

I certify that the above information is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE SIGNED (YYYYMMDD)</b>
---------------------------	-------------------------------

**ORGANIZATION CODES.** Use these codes to complete Item 3.m., "Organization".

<b>U.S. AIR FORCE</b> <b>HAF</b> Headquarters Air Force <b>FOA/DRU</b> Field Operating Agency/ Direct Reporting Unit <b>AF/NAF</b> CDC, MWR, BOQ, EXCHANGE <b>Other/AF</b> All other Air Force not listed above		<b>U.S. ARMY</b> <b>HQDA</b> Headquarters, Department of the Army <b>ATEC</b> Army Test and Evaluation Command <b>AMC</b> U.S. Army Materiel Command <b>CID</b> U.S. Army Criminal Investigation Command <b>DLI</b> Defense Language Institute <b>HRC</b> Human Resources Command <b>INSCOM</b> U.S. Army Intelligence and Security Command <b>IMCOM</b> Installation Management Command <b>JCS/ARMY</b> Joint Chiefs of Staff - Army Employee <b>MC/SG</b> U.S. Army Medical Command/ The Surgeon General <b>MDW</b> U.S. Army Military District of Washington		<b>NETCOM</b> U.S. Army Network Command <b>NGB</b> Army National Guard <b>OCAR</b> Office, Chief, Army Reserve <b>OSD/ARMY</b> Office of the Secretary of Defense - Army Employee <b>SDDC</b> Surface Deployment and Distribution Command <b>SMDC</b> U.S. Army Space and Missile Defense Command <b>USAASC</b> U.S. Army Acquisition Support Center <b>USACE</b> U.S. Army Corps of Engineers <b>WRAMC</b> Walter Reed Army Medical Center <b>A/NAF</b> CDC, MWR, BOQ, EXCHANGE <b>Other/ARMY</b> All other Army not listed above	
<b>U.S. MARINE CORPS</b> <b>27 HQMC</b> Headquarters, Marine Corps <b>MC/NAF</b> CDC, MWR, BOQ, EXCHANGE <b>Other/MC</b> All other Marine Corps not listed above					

<b>U.S. NAVY</b> <b>11 N09BF</b> Director, Field Support Activity - all OPNAV <b>12 AAUSN</b> Assistant for Administration, USECNAV <b>14 CNR</b> Chief of Naval Research <b>15 INTCOM</b> Director, Office of Naval Intelligence <b>18 BUMED</b> Chief, Bureau of Medicine and Surgery <b>19 NAVAIR</b> Commander, Naval Air Systems Command <b>22 BUPERS</b> Chief of Naval Personnel <b>23 NAVSUP</b> Commander, Naval Supply Systems Command <b>24 NAVSEA</b> Commander, Naval Sea Systems Command <b>25 NAVFAC</b> Commander, Naval Facilities Engineering Command <b>30 SSP</b> Director, Strategic Systems Programs		<b>33 MSC</b> Military Sealift Command <b>39 SPAWAR</b> Commander, Space and Naval Warfare Systems Command <b>41 NSMA</b> Director, Naval Systems Management Activity <b>52 CNI</b> Commander Naval Installations <b>60 LANTFLT</b> Commander in Chief, U.S. Atlantic Fleet <b>69 SECGRU</b> Commander, Naval Security Group Command <b>70 PACFLT</b> Commander in Chief, U.S. Pacific Fleet <b>72 RESFOR</b> Commander, Naval Reserve Force <b>76 NETC</b> Naval Education and Training Command <b>N/NAF</b> CDC, MWR, BOQ, Navy Exchange Lodge <b>Other/NAVY</b> All other Navy not listed above	
---	--	--	--

<b>U.S. DEPARTMENT OF DEFENSE - COMPONENT</b> <b>AAFES</b> Army/Air Force Exchange Service <b>AFIS</b> American Forces Information Service <b>DARPA</b> Defense Advanced Research Projects Agency <b>DAU</b> Defense Acquisition University <b>(employees only)</b> <b>DBTA</b> Defense Business Transformation Agency <b>DECA</b> Defense Commissary Agency <b>DCAA</b> Defense Contract Audit Agency <b>DCMA</b> Defense Contract Management Agency <b>DCSA</b> Defense Counterintelligence and Security Agency <b>DFAS</b> Defense Finance and Accounting Service <b>DHRA</b> Defense Human Resources Activity <b>DISA</b> Defense Information Systems Agency			<b>DLA</b> Defense Logistics Agency <b>DLSA</b> Defense Legal Services Agency <b>DoDCC</b> DoD Concessions Committee <b>DODEA</b> Defense Education Activity <b>DOD IG</b> Defense Office Inspector General <b>DPMO</b> Defense POW/MP Office <b>DSCA</b> Defense Security Cooperation Agency <b>DTIC</b> Defense Technical Information Center <b>DTRA</b> Defense Threat Reduction Agency <b>DTSA</b> Defense Technology Security Administration <b>JCS</b> Joint Chiefs of Staff <b>MDA</b> Missile Defense Agency <b>NGA</b> National Geospatial Intelligence Agency		<b>NDU</b> National Defense University <b>(employees only)</b> <b>OEA</b> Office of Economic Adjustment <b>OSD</b> Office of the Secretary of Defense <b>OSD/JS</b> OSD/JS Welfare and Recreation Association <b>WRA</b> <b>PFPA</b> Pentagon Force Protection Agency <b>STARS</b> Stars & Stripes <b>TMA</b> TRICARE Management Activity <b>USUHS/</b> Uniformed Services University of <b>AFRRI</b> the Health Sciences/Armed Forces Radiobiology Research Institute <b>(employees only)</b> <b>WHS</b> Washington Headquarters Services	
---	--	--	--	--	--	--

**3. APPLICANT INFORMATION**

a. LAST NAME		b. FIRST NAME		c. MIDDLE INITIAL	
d. RESIDENCE (City)			e. STATE		f. 9-DIGIT ZIP CODE*
*To find your 9-digit zip code, check <a href="http://zip4.usps.com/zip4/welcome.jsp">http://zip4.usps.com/zip4/welcome.jsp</a>					
g. LAST 4 DIGITS OF YOUR SSN		h. WORK E-MAIL ADDRESS		i. WORK TELEPHONE NUMBER (Include Area Code)	
j. DUTY STATION (the building where you report to work) (Street address)			k. CITY		l. 9-DIGIT ZIP CODE*
m. ORGANIZATION CODE (Listed above) (Indicate the organization that employs you (i.e., pays your salary). Military personnel should indicate their branch of service, not the Defense Component to which they are assigned.)					
		OTHER (If not listed, specify): _____			
n. TYPE OF EMPLOYEE: MILITARY PERSONNEL		o. OTHER TYPE OF EMPLOYEE: (X one only)		p. FOR NAF FUNDING: BRANCH OF SERVICE: (X one only)	
(1) STATUS: (X one only)		(2) BRANCH: (X one only)			
<input type="checkbox"/> MILITARY - ENLISTED	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> NON-APPROPRIATED FUNDS (NAF)	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MILITARY - OFFICER	<input type="checkbox"/> ARMY	<input type="checkbox"/> PAID TEMPORARY HIRE (Term of employment: Start date/ End date)	<input type="checkbox"/> ARMY	<input type="checkbox"/> ARMY	
<input type="checkbox"/> RESERVIST - ENLISTED	<input type="checkbox"/> NAVY		<input type="checkbox"/> NAVY	<input type="checkbox"/> NAVY	
<input type="checkbox"/> RESERVIST - OFFICER	<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> MARINE CORPS	
q. ARE YOU ISSUED A FEDERALLY SUBSIDIZED PARKING PASS?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHERE DO YOU PARK? _____			

**4. MASS TRANSPORTATION EXPENSE WORKSHEET**

**NOTE:** DD Form 2845 application requires DoD subsidy participants to calculate their usual monthly mass transportation commuting cost. This worksheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transportation commuting cost to the nearest dollar.

**INSTRUCTIONS:** Calculate your Total Monthly Mass Transportation Expenses by listing your mode of mass transportation and how much it costs you.

- Use the **Daily** column if you pay for transportation on a daily basis,
- **OR** the **Weekly** column if you purchase weekly commuter tickets;
- **OR** the **Monthly** column if you purchase a monthly ticket or pass.

It is possible that you may list costs in more than one column depending on the number of transportation modes you take and how you pay for them. Then, using the conversion section, convert all costs to monthly costs, to the nearest dollar amount.

- Applicants must calculate their monthly expenses based on the number of days commuted per month, taking into account telecommuting, alternate or compressed work schedules, e.g., 17, 19, or 21 days per month.

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

a. MODE OF TRANSPORTATION		b. DAILY EXPENSE	c. WEEKLY PASS EXPENSE	d. MONTHLY PASS EXPENSE
(1) BUS TO WORK <i>(Local)</i>	NAME OF COMPANY			
(2) BUS FROM WORK <i>(Local)</i>	NAME OF COMPANY			
(3) OTHER BUS MODE TO WORK <i>(Commuter or County)</i>	NAME OF COMPANY			
(4) OTHER BUS MODE FROM WORK <i>(Commuter or County)</i>	NAME OF COMPANY			
(5) RAIL TO WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION			
(6) RAIL FROM WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION			
(7) COMMUTER RAIL TO WORK <i>(Train)</i>	NAME OF COMPANY/STATION			
(8) COMMUTER RAIL FROM WORK <i>(Train)</i>	NAME OF COMPANY/STATION			
OTHER <i>(Specify)</i>	(9) TO WORK	NAME OF COMPANY		
	(10) FROM WORK	NAME OF COMPANY		
(11) VAN POOL COST PER MONTH	NAME OF COMPANY			
<b>(12) TOTAL</b>		\$	\$	\$

**5. CONVERSIONS**

a. DAILY COST TO MONTHLY			b. WEEKLY PASS TO MONTHLY		
(1) DAILY MASS TRANSIT COST \$	(2) NUMBER OF DAYS COMMUTED PER MONTH <b>X</b>	(3) TOTAL DAILY COST PER MONTH \$	(1) WEEKLY PASS COST \$	(2) NUMBER OF WEEKS COMMUTED PER MONTH <b>X</b>	(3) TOTAL WEEKLY COST PER MONTH \$
c. TOTAL DAILY COST PER MONTH <i>(If any)</i> \$		d. TOTAL WEEKLY PASS COST PER MONTH <i>(If any)</i> \$		e. TOTAL MONTHLY PASS COST PER MONTH <i>(If any)</i> \$	

6. GRAND TOTAL COST PER MONTH \$	7. MY GRAND TOTAL MONTHLY MASS TRANSPORTATION COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR <i>(Round either up or down to nearest dollar)</i> \$
-------------------------------------	---

**8. EMPLOYEE.** I certify that the above information is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

a. EMPLOYEE SIGNATURE	b. DATE SIGNED (YYYYMMDD)
-----------------------	---------------------------

**9. THIS SECTION IS TO BE COMPLETED BY SUPERVISOR.**  
I confirm that the applicant is employed by the DoD, works at the duty station indicated, and has calculated the benefit based on the actual hours worked (considering alternate work schedules, teleworking, etc.).

a. PRINTED OR TYPED NAME	b. TITLE	c. TELEPHONE NUMBER <i>(Incl. Area Code)</i>
d. SIGNATURE	e. E-MAIL ADDRESS	f. DATE SIGNED (YYYYMMDD)

**10. THIS SECTION IS TO BE COMPLETED BY AGENCY MASS TRANSPORTATION REVIEWING OFFICIAL.**  
I have reviewed this application and certify that employee is eligible to receive the mass transportation benefits.

a. PRINTED OR TYPED NAME	b. TITLE	c. TELEPHONE NUMBER <i>(Incl. Area Code)</i>
d. SIGNATURE	e. E-MAIL ADDRESS	f. DATE SIGNED (YYYYMMDD)