# DEPARTMENT OF AGRICULTURE
# PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION

(Please type or print legibly in blue or black ink)

**ACTION REQUESTED (CHECK ONE): ___New ___Change ___Cancellation Temporary NTE DATE: _____**

NOTE: Items 1 through 12, and the reverse side of this form must be completed in full before submitting to your designated Commuter Benefit Coordinator.

## APPLICANT INFORMATION

| 1. NAME OF APPLICANT (Last, First, Middle Initial) | 2. WORK ADDRESS (Street, City, State, Zip Code) (If applicable: Div/Unit, Rm #/ Sub Unit)<br><br>E-MAIL ADDRESS (Optional): | 3. HOME ADDRESS (Street, City, State, Zip Code) |
|---|---|---|
| 4. USDA AGENCY CODE (See Codes Below) | 5. EMPLOYEE SOCIAL SECURITY NUMBER (last 4 numbers): _____ | 6. WORK TELEPHONE NUMBER |
| 7. MODE (S) OF TRANSPORTATION TO BE USED DAILY TO COMMUTE TO AND FROM WORK.<br><br>___Bus ___Light Rail ___ Subway<br>___Ferry ___Train ___Authorized Vanpool<br>___Other (Specify) _____ | 8. TYPE OF FARE MEDIA YOU USE.<br><br>___Fare card ___Tickets ___Pass<br>___Tokens __Voucher<br>___SmarTrip Card<br>___Other (Specify) _____ | 9. TYPE OF REDUCED FARE PUBLIC TRANSPORTATION RATE YOU RECEIVE.<br><br>___Disability<br>___Senior Citizen |

10. Prior to applying for this benefit, how did you commute to work (Check One) ___Drive ___Bus ___Train ___Vanpool ___Ferry ___Other

## EMPLOYEE CERTIFICATION

**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, 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 removal from Federal Service.

- I certify I am employed by the Department of Agriculture.
- I certify I am eligible for a public transportation fare benefit. I will use it for my daily commute to and from work. I will not give, sell, or transfer it to anyone else.
- I certify I am not a member of a carpool. I do not receive disability or executive parking privileges.
- I certify the monthly transit benefit I am receiving does not exceed my monthly commuting costs.
- I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transportation exceed the monthly statutory limit, then I will continue to use public transportation and will supplement those additional costs with my own funds.
- I certify I am responsible for returning ALL partially used and unused fare media to my agency's designated Commuter Benefit Coordinator three working days before my effective date of reassignment, transfer, resignation, retirement, etc.
- I certify my usual monthly public transportation commuting costs (excluding any parking costs) are $_____ (amount is taken from completed worksheet on back page).

| 11. SIGNATURE OF EMPLOYEE | 12. DATE |
|---|---|

## VERIFICATION – COMMUTER BENEFIT COORDINATOR

| 13. NAME OF COMMUTER BENEFIT COORDINATOR | 14. AGENCY MAXIMUM BENEFIT (If applicable – the amount may be lower than the statutory requirement based on Union Negotiations, etc.) |
|---|---|
| 15. SIGNATURE OF COMMUTER BENEFIT COORDINATOR | 16. 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 a public transportation 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 provided to the Department of Transportation to administer this program and to ensure that you are not listed as a carpool participant or a holder of any other form of vehicle work site parking permit with USDA or any other Federal Agency.

## AGENCY CODES

| | | | | | |
|---|---|---|---|---|---|
| **01** | **Office of the Secretary** | **18** | **Economic Research Svc** | **38** | **Office of Chief Economist** |
| **02** | **Agricultural Marketing Svc** | **20** | **National Agricultural Statistics Svc** | **42** | **Office of Budget and Program Analysis** |
| **03** | **Agricultural Research Svc** | **22** | **Cooperative State Research, Education, and Extension Svc** | **90** | **Office of the Chief Financial Officer** |
| **07** | **Rural Housing Svc** | | | **DA** | **Departmental Administration** |
| **08** | **Risk Management Agency** | **23** | **Office of Inspector General** | **EO** | **Office of Civil Rights** |
| **10** | **Foreign Agricultural Svc** | **30** | **Food and Nutrition Svc** | **ES** | **Office of the Executive Secretariat** |
| **11** | **Forest Svc** | **32** | **Rural Business-Cooperative Svc** | **FA** | **Farm Service Agency** |
| **13** | **Office of Communications** | **34** | **Animal and Plant Health Inspection Svc** | **IT** | **Office of the Chief Information Officer** |
| **14** | **Office of General Counsel** | **36** | **Grain Inspection, Packers, & Stockyards Administration** | **NA** | **National Appeals Division** |
| **15** | **Rural Utilities Svc** | | | **SC** | **National Sheep Industry Improvement Center** |
| **16** | **Natural Resources Conservation Svc** | **37** | **Food Safety and Inspection Svc** | | |

**COMPLETE PUBLIC TRANSPORTATION BENEFIT EXPENSE WORK SHEET ON BACK**

**AD-1147 (October 2004)**
**(Other versions of form obsolete)**

**PUBLIC TRANSPORTATION BENEFIT EXPENSE WORK SHEET**

**NOTE:** USDA Form AD-1147, Public Transportation Benefit Program Application, requires USDA participants to calculate their usual monthly mass transit commuting cost to the nearest dollar for their daily commute to and from work. This work sheet must be completed to receive transit subsidy benefits.

**INSTRUCTIONS:** Calculate your total monthly mass transit expenses by the way you pay for your **roundtrip daily commute to and from work**. Using the work sheet below, select your mode of mass transportation and identify the **roundtrip cost based on how you pay (i.e. daily, weekly, monthly) for your fare media and convert all costs to a total monthly amount**. **REMINDER:** It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing his/her total monthly commuting costs.

**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 rates, you must calculate the reduced fare rate you pay.

| MODE OF TRANSPORTATION | DEPARTURE LOCATION | NAME OF COMPANY | DAILY EXPENSE | WEEKLY PASS EXPENSE | MONTHLY PASS EXPENSE |
|---|---|---|---|---|---|
| Bus *(check applicable)* ☐ Local ☐ Commuter ☐ County | | | $ | $ | $ |
| Rail *(check applicable)* ☐ Light Rail ☐ Subway | | | $ | $ | $ |
| Commuter Train | | | $ | $ | $ |
| Vanpool (authorized) | | | $ | $ | $ |
| Ferry | | | $ | $ | $ |
| Other (Specify)_____ | | | $ | $ | $ |
| **TOTAL COST** | | | $ | $ | $ |

**CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST**

**40 HOUR WORKWEEK SCHEDULE CONVERSION**

| 8 HOUR WORK DAY CONVERSION | | | 9 HOUR WORK DAY CONVERSION | | | 10 HOUR WORKDAY CONVERSION | | |
|---|---|---|---|---|---|---|---|---|
| Daily Cost | No. Days Worked | Total Cost Per Month | Daily Cost | No. Days Worked | Total Cost Per Month | Daily Cost | No. Days Worked | Total Cost Per Month |
| $ | x's 21 | $ | $ | x's 19 | $ | $ | x's 17 | $ |

**LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION**

**Complete this section if your work schedule has you out of the official duty station location for less than 40 hours per week, (i.e. telework, part-time, regularly scheduled travel, etc.)**

| Daily Mass Transit Cost | Number of Days Worked Per Month | Total Daily Cost Per Month |
|---|---|---|
| $ | x | $ |

**WEEKLY PASS CONVERSION (If applicable)**

| Weekly Mass Transit Cost | Number of Weeks Per Month | Total Weekly Cost Per Month |
|---|---|---|
| $ | x 4 | $ |

**NOTE:** If the scheduled number of hours you work per month changes, see your Commuter Benefit Coordinator for options.

**TOTAL MONTHLY COMMUTING COSTS**

| | |
|---|---|
| TOTAL DAILY COST PER MONTH (if applicable) | $ |
| TOTAL WEEKLY COST PER MONTH (if applicable) | $ |
| TOTAL MONTHLY COST PER MONTH (if applicable) | $ |
| **GRAND TOTAL OF MONTHLY COMMUTING COSTS (rounded to the nearest dollar). Transfer to front page under Employee Certification.** | $ |

**EMPLOYEE CERTIFICATION**

| NAME OF EMPLOYEE (Please print name) | SIGNATURE OF EMPLOYEE | DATE |
|---|---|---|
| | | |

**SUPERVISOR CERTIFICATION OF WORK SCHEDULE**

| NAME OF SUPERVISOR (Please print name) | SIGNATURE OF SUPERVISOR | DATE |
|---|---|---|
| | | |

**BACK OF AD FORM 1147, October 2004 (Revised – Other versions of form obsolete)**