

Summer Hire

**DEPARTMENT OF LABOR  
APPLICATION FOR PUBLIC TRANSPORTION SUBSIDY**

**APPLICANT INFORMATION**  
PLEASE TYPE OR PRINT

**Date:** \_\_\_\_\_

Employee Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**OFFICE INFORMATION**

Agency Name: \_\_\_\_\_

Employer address: \_\_\_\_\_ Room #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Building: \_\_\_\_\_

Full time  Part time  How many days per week \_\_\_\_\_

Flexiplace Agreement  If so, how many days are you scheduled to work at the FPB or Agency office? \_\_\_\_\_

**ELIGIBLE MODES OF TRANSPORTION**

	<input type="checkbox"/>	<b>Station/Stop (starting point)</b>
Transit Bus (Metrobus, Ride-On, etc)	<input type="checkbox"/>	_____
Metrorail	<input type="checkbox"/>	_____
Vanpool	<input type="checkbox"/>	_____
Commuter Bus	<input type="checkbox"/>	_____
VRE	<input type="checkbox"/>	_____
MARC	<input type="checkbox"/>	_____
Other (Specify)	<input type="checkbox"/>	_____

**Disabled**  **Senior Citizen**

**TOTAL ESTIMATED COST OF MONTHLY TRANSPORTION USING ELIGIBLE MODE(S) OF TRANSPORTION**

\$ \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I am employed by the Department of Labor and I am not a member of a carpool or a holder of any other form of workplace motor vehicle parking permit. I therefore certify that I am eligible for fare media for commuting to work on public transportation; I am obtaining it for my personal commuting use, and will not transfer it to anyone else.  
This certification concerns a matter within the jurisdiction of an agency of the United States Government and making false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under title 18, United States Code, Section 1001.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Subsidy Eligibility \_\_\_\_\_ Date: \_\_\_\_\_

Subsidy Amount:	Date:	Renewal Date:

Privacy Act Statement: This information is solicited under authority Public Law 101-509. Furnishing information on this form is voluntary, but failure to do so may result in disapproval of your request for subsidy. The purpose of this information is to facilitate timely processing of your request, to ensure 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 van pool participant or a holder of any other form of motor vehicle worksite parking permit with DOL or any other Federal agency.