

Check Action \_\_\_\_\_ DEPARTMENT OF AGRICULTURE Temporary NTE Date \_\_\_\_\_  
New: \_\_\_\_\_ PRE-TAX PARKING APPLICATION \_\_\_\_\_  
Change: \_\_\_\_\_ (Please type or print legibly in blue or black ink) \_\_\_\_\_  
Cancellation: \_\_\_\_\_

USDA Agency Name and Code (e.g., Agricultural Marketing Research/02): \_\_\_\_\_

**A. Applicant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If applicable: Div/Unit \_\_\_\_\_ Rm#/Sub Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

**B. Parking Facility (Please indicate the parking facility you use):**

Metro Lot \_\_\_\_\_ Private Lot \_\_\_\_\_ Public Lot \_\_\_\_\_

Parking Meter \_\_\_\_\_ Other (explain) \_\_\_\_\_

**C. 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 Civility 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 Department of Agriculture.

I certify that I am eligible for a pre-tax parking benefit.

I certify that the monthly pre-tax parking I am receiving does not exceed my monthly parking cost.

I certify that my usual monthly parking costs are: \$ \_\_\_\_\_ (NTE Authorized Maximum Amount under IRS Code 26)

Employee's Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Transit Subsidy Coordinator:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Pay Period Parking Benefit Begins: \_\_\_\_\_ Processed By: \_\_\_\_\_

Bi-weekly Pre-Tax Benefit Amount: \_\_\_\_\_

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 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.

AD-1185 dated 06/04/04