



APPLICATION FOR TRANSIT BENEFIT

PLEASE COMPLETE FORM AND TYPE OR PRINT LEGIBLY

(Check One)

New Employee Re-certification Replacement Card Increase/Decrease Change of Address Personal/Bureau Change

Employment Status: Direct Hire Intern Personal Services Contractor Other _____

1. Last Name: _____ 2. First Name: _____

3. Home Address (Number/Street): _____

4. City: _____ 5. State: _____ 6. Zip Code: _____

7. Bureau: _____ 8. Room Number: _____ 9. Phone (Work): _____ 10. Phone (mobile): _____

11. Commuting method to/and from work:

Metro Rail Metro Rail/Bus MARC/VRE/Commuter Bus (CommuterDirect.com) Transit Authority Vanpool

Please provide your daily transportation itinerary to/from work:
Round Trip Fare: \$ _____ x 22* days = \$ _____
*Reduce number of days for approved telework days.
Four (4) days for each approved telework day per week and two (2) days for approved alternate work schedule (AWS).

Employees with disabilities and senior citizens may travel on Metrobus and Metrorail for half the regular (rush hour) fare at all times. See www.wmata.com website for details.

12. Are you currently in a carpool with USAID or any other government agency employees?
 NO YES (If yes, primary drivers name): _____

13. SmartBenefit Program

Note: In order to receive your Transportation Subsidy Benefit as SmartBenefits, you must purchase and register your SmarTrip card at www.wmata.com. Your SmarTrip serial number is located on the back side of your card in the lower right-hand corner.



All benefits will be used on the MetroRail/Bus

Split my benefits:
\$ _____ (MetroRail/bus)
and \$ _____ (VRE, MARC, etc.)

SmarTrip Serial Number: _____
(attach copy of back of card)

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EMPLOYEE CERTIFICATION

I hereby certify that I am employed by the United States Agency for International Development and am not named on a Federal-subsidized workplace parking permit with USAID or other Federal Agency. I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work and will not transfer it to anyone else. My monthly transit benefit I am receiving does not exceed my monthly commuting costs. I am not receiving Metro benefits from another Federal Agency.

EMPLOYEE SIGNATURE _____ DATE: _____

AMS OFFICER SIGNATURE (I certify that the above individual is a USAID employee or other eligible participant) _____ DATE: _____

AUTHORIZING OFFICIAL SIGNATURE, M/MS/HMD _____ DATE APPROVED: _____

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. This information will be matched with lists at other Federal agencies of the Government-assigned parking to ensure consistency with mode of transportation checked.