

U.S. Department of the Interior

Bicycle Transportation Subsidy Benefit Program Commuter Certification

A. Type of Action Monthly Certification Seasonal Certification Annual Recertification

B. Personal Information

Name: Last 4-Digits SSN: XXX-XX- Office Phone :

Bureau/Office:

C. Commuter Certifications for the Qualified Bicycle Commuter Reimbursement (QBCR)

<p>JANUARY I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>	<p>FEBRUARY I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>
<p>MARCH I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>	<p>APRIL I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>
<p>MAY I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>	<p>JUNE I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>
<p>JULY I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>	<p>AUGUST I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>
<p>SEPTEMBER I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>	<p>OCTOBER I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>
<p>NOVEMBER I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>	<p>DECEMBER I certify that I rode my bike to and from work a minimum of 50% of my commute this month; and did not receive another form of transportation benefit during the months in which I received/requested the QBCR.</p> <input type="checkbox"/>

Employee Signature: Submission Date:

D. Warning Certification

This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, to include fine and/or imprisonment up five years, and may provide for administrative recoveries of up to \$10,000 per violation. It may also result in agency disciplinary action up to and including dismissal.

Employee Signature

E. Supervisory Approval: As the applicant's supervisor, I certify that I reviewed this application and believe it to be accurate.

Name:

Title:

Signature:

Date:

F. Bureau/Office Transportation Subsidy Coordinator Certification: I reviewed this application and believe it to be accurate.

Name

Title

Signature:

Date

Bicycle Transportation Subsidy Benefit Program Commuter Certification

Instructions for Completing this Form:

- * Before completing this form, make sure that you qualify for participation in this program by fully acquainting yourself with this program. Details can be found on the OFAS Bicycle Subsidy Benefit Program [webpage](#).
- * The form must be signed by you and your supervisor, and forwarded to your bureau/office Transportation Subsidy Coordinator for review and signature; then submit form(s) to your Human Resources, Budget Management Office or Financial office for processing with your Claims for Reimbursement. Proper signatures are required on all documents.
- * The Claims for Reimbursement, Bicycle Commuter Tracking Log, and Bicycle Commuter Certification forms are submitted during the Annual Reimbursement & Recertification (ARR) period, October through December. **Exception:** De-enrolling participants may submit claims for reimbursement outside the ARR time frame.
- * Attach receipts for qualifying bicycle commuter expenses. Maintain copies of submissions for your record.
- * The 50% per month commuting requirement is "to and from work" (official duty station).
- * **NOTE:** A form-fillable version of this application can be found on-line on the OFAS Bicycle Subsidy Benefit Program [webpage](#); or you may pick-up paper copies from your bureau/office Transportation Subsidy Coordinator, or room 1420, Main Interior Building.

A. Type of Action:

- * Select. Monthly Certification, Seasonal Certification, or Annual Recertification.

B. Personal Information:

- * Complete personal information section.
- * Include bureau/office code noted below.
- * Office of the Secretary participants - Must drill down to include their specific bureau/office name.

Bureau/Office Codes to be Used:

BIA06 - Bureau of Indian Affairs	FNP10 - National Park Service	WBR07 - Bureau of Reclamation
LLM05 - Bureau of Land Management	BOEM27 - Bureau of Ocean Energy Management & BSEE26 -	FWS15 - Fish & Wildlife Services
IBC01 - Interior Business Center	Bureau of Safety and Environmental Enforcement	LSM22 - Office of Surface Mining
SOL21 - Solicitor		OS01 - Office of the Secretary
OIG24 - Inspector General		WGS08 - U.S. Geological Survey

C. Commuter Certification:

- * Understand and comply with the rules governing participation in the Bicycle Subsidy Benefit Program; then, sign and date the form. During the months in which you receive/request the QBCR, you are ineligible for other transportation benefits (transportation in a commuter highway vehicle, transit pass or qualified parking benefits).

D. Warning Certification:

- * Understand and comply with the rules governing 18 U.S. Code § 1001, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.

Supervisory Approval:

- * Approve and return application to employee for forwarding to the bureau/office coordinator.

F. Bureau/Office Transportation Subsidy Coordinator Certification:

- * Certify application and forward accordingly.
- * If you have additional questions please contact your bureau/office [Transportation Subsidy Coordinator](#).

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 subsidy benefit. The purpose of this information is to facilitate timely processing of the 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 vanpool participant or a holder of any other form of vehicle worksite parking permit with the U.S. DOI or any other Federal agency.